MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH OCHEA

f	104					UO	100
1. PLACE OF DEAT	H		2. USUAL RESIDE	NCE (Where dece		ution: Rasidance	bafora admissio
_	rederick	MARYLAND	e. STATE	arvland	b. COUNTY	Freder	tek
b. CITY OR TOWN ((if outside corporate limits,	c. LENGTH OF STAY IN 16		V (If outside corpora	ata limits, writa RUI		
	d give neerest town) n-Rural-R.D.#1.	18 Months		rederick			
	ITAL OR INSTITUTION (if not in he		d. STREET ADDRES				e. IS RESIDENC
		ospilai, give sileel eddiass)					ON A FARM
	w Nursing Home			Market	Street		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yaar
(Typa or print)	INGOMAR	WILSON	ALBAUGH	DEATH	June	30.	19 61
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 18	DATE OF BIRTH		AGE (In years IF U	INDER 1 YEAR	IF UNDER 24 HRS
Male	White WIDOW		March 15, 1		last birthday) Mo	nths Days	Hours Min.
		KIND OF BUSINESS OR INDUSTR				12. CITIZEN OF	WHAT COUNTR
done during most of we	orking life, avan if ratired)				algir coominy,		
Retired Ba	nper	Owner		rland		U	SA
13. FATHER'S NAME			14. MOTHER'S MAID!	EN NAME			
Chri	istian T. Albaug	h	Carr	ie V. Sha	ank		
	VER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. I	NFORMANT	32	20 Willow	Avenue	•
No		14-16-1063 Mr	s. Oma W. A				
18. CAUSE OF I	DEATH [Enter only one carse per		1				RVAL BETWEEN
	TH WAS CAUSED BY:	5 mars (Drall	-		ONS	ET AND DEATH
1100	IMMEDIATE CAUSE (a)	sconwy c	cusi	20		Muc.	aev-
17201	DUE TO						
Conditions, if any	(4)	-					
gava rise to immad (e), steting that	DUETO	11.01	, , , , , , , , , , , , , , , , , , , ,				
causa last.	(c)	rterio-Scle	roses.				
Z PART II. OTHE	R SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN I	N PART 1(e) 19.	
ZDe, ACCIDENT WOR CONTRIBUTING						V.	PERFORMED?
O A CCIDENT VI	AC INDERIVING ET LOSS DE	CONTRACTOR OF COURTS	18.	1 D 11 D 11	10.	YE	S NO
OR CONTRIBUTING	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED.	(Enfar nature of injury	In Part I or Part II o	t itam 18.)		
	MEDICAL EXAMINER)						
20c. TIME OF INJU			CE OF INJURY (Home, f		r fown)	(County)	(State)
Hour e.m.	While the street was at was	TOT WILLIAM	ory, straet, offica bldg.,	arc.)			
-			100/	10/00	me 30	edet .	. (1) () 1
	thal (I) (this hospital) atler						at (I) (we) la
saw the decea	sed alive on.	19.61, and that	death occured a	2. 2.44, front	he causes and	on the dal	
22a. SIGNATURE	0. 20	11 /	ATTENDING	MED.	STAFF		22b, DATE SIGNE
	X Zene	v Harp M.	DI INCC	DIRECTOR _	PHYS.	7/	1/61
22c. PHYSICIAN'S			22d. ADDRESS				
NAME (Typa)	J. Elmer Harp	M.D.	Middl	etown, Ma	aryland		
23e. BURIAL, CREMAT		23c. NAME OF CEMETERY			ION (City, town o	r county)	(Steta)
REMOVAL (Specify)							
Dur Tar		Mount Olivet			derick,		ryland
24 FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTRA		Luy S. The	
M. R. Etch	nison & Son, Fre	derick, Marylan	d DATE	JUL 3 '6			

44, 10 onurl TO LIGHT SE double 150 opini pisi TOLLE Minusco . M. alignato M. - - Tennelland I. - Alexander CALIFORN WOLLD CAL Shallend Sold and the state of Los Little Land Land Land Land burdal and y 1,1961 Mount Wilet Cenotery | Ceremonian II. H. Mediani & con, Presentat, Aspidan

Frederick, Maryland

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick

Days

U.S.A.

(County)

arthur & Kround

e. IS RESIDENCE

IF UNDER 24 HRS

Hours

ONSET AND DEATH

PERFORMED?

NO

(Stata)

22b. DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO

DIRECTOR: VR A15 (4)

15M 9/60

*** end of Fred on Lote Moide edi sisiente. Maintenant and andread 9 devol dinol 38 Kaudna nelady stederill elena William Whileh areas comis Breederick, wir The new 98443 Bertha Oplanton - 12 3, Court of, my for an extension of the first section in the The state of the s , Bil . Noivement . of dound state-A Banno V.H To-88-31 Foliate of House Crederics-Co. Haryland busiyan derabor ilk utsk.

certificate

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CMCM

0.608	CERTITION	IL OI DIAII		06/53
. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If institu	ution: Residenca before admission
a. COUNTY Frederick	MARYLAND	e. STATE Mary	land b. COUNTY	Frederick
b. CITY OR TOWN (if outside corporete limits		c. CITY OR TOWN	(If outside corporete limits, write RUR	
Frederick-Rural RD#7	Since 5/3/57	Fred	erick-Rural RD#6	
d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENC
Montevue		Mead	ow Road	YES NO X
NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeer
(Type or print) OLIVI	ER MILTON	BAKER	DEATH June	27, 1961
. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In yeers IF U	
Male White	WIDOWED DIVORCED	19 July 1877	83 yrs.	nths Deys Hours Min.
Oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTR
Self-employed	Fur Dealer	Marylan	d	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
John M. Baker		Mary Marga	ret Covell	
5. WAS DECEASED EVER IN U.S. ARMED FORC Yes, no, or unkown) (Ifyes give wer or detes of se	ES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	607 GrantessPl	ace,
No	None 0	liver T. Kolb	Frederick, Me	
18. CAUSE OF DEATH [Enter only one	cause per line for (e), (b), and (c).			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Chamile 2	nesocard	tes	ONSET AND DEATH
IMMEDIATE CAUSE (e)_	carone.	The Caren		771
7 < < DUE TO	B. Townia J	01		HUM
Conditions, if eny, which geve rise to immediate cause (b)_	unera de	cerous		171
(e), stating the underlying DUE TO				
causa lest. (c)				
PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN I	N PART 1(e) 19. WAS AUTOPS PERFORMED?
PART II. OTHER SIGNIFICANT CONDIT	inonia C	olou		YES NO
ZDe. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH	2Db. DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	Part I or Pert II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yea Hour a.m.		LACE OF INJURY (Home, fer ectory, street, office bldg., et		(County) (State)
Hour a.m.	at work et work	Δ.		
21. I certify that (I) (this hospital	all attended the deceased from	May	1957 10 June 2	3, 19 k./., that (I) (we) I
21. I Certify that (i) (this hospital	W. 23 19.61, and th	at doubt accorded 5:	30A from the causes and	on the date stated abo
	and in	al dealli ocoured al	II III III Cadsos alle	22L DAT
22e. SIGNATURE	ine	M.D. ATTENDING	MED. STAFF PHYS.	28 June 1961
22c. PHYSICIAN'S NAME (Type) H. F. KII	ne, M. D.	7 N. Mark	cet St., Frederic	k, Md.
23a. BURIAL, CREMATION, 23b. DATE THER	EOF 23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town o	r county) (State)
Burial 6-30-61	Mount Carmel	Cemetery	Near Frederick	, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RF	C'D BY REGISTRAR 256. REGIST	
M. R. Etchison & So		2 2		
	-,	DATEU	I O O O Clacking	& France

Telegrator Innal Cart Control (1/2/5) In 1/2/57 Innal Control (1/2/5) STUATES Done - VS Amarie - So The state of the s Self-employed Fur healer war land Library of the control of the contro T | woon by Galer SOFT DIMETE THE other a told, treated, to The second second second - Alberta - Marie Marie Co. S. And the same of th I. F. Dimo, H. D. H. Dernet and Jernet and Jerret and Jernet and Jernet and Jernet and Jernet and Jernet and J Smally Man Control of the State L. R. Etchicon & Son, Frederick, Maryland

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
6763
CERTIFICATE OF DEATH
06754

tion: Rasidanca bafora admission) Prederiek AL and giva nearest town)
AL and giva nearest town)
a. IS RESIDENCE ON A FARM? YES NO
Day Year
18 1961 NDER 1 YEAR IF UNDER 24 HRS. 1hs Days Hours Min.
2. CITIZEN OF WHAT COUNTRY
U.S.A.
ed
k, Md
interval between object and beath ID day.
I PART 1(a) 19. WAS AUTOPSY PERFORMED?
YES NO
(County) (State)
on the date stated above
226. DATE SIGNEE
nid
county) (Stata) [aryland
AR'S SIGNATURE
(Co

11. - Retiso brok realist to the older. See at they a country feel of the letter for the marine of an 22 Selected Birtable Chairman is the time que - Mari 191/00 - 2/9 - 01/5 Les Tours of the Land of the L Luci val delmenti

TO HOSPITAL OR

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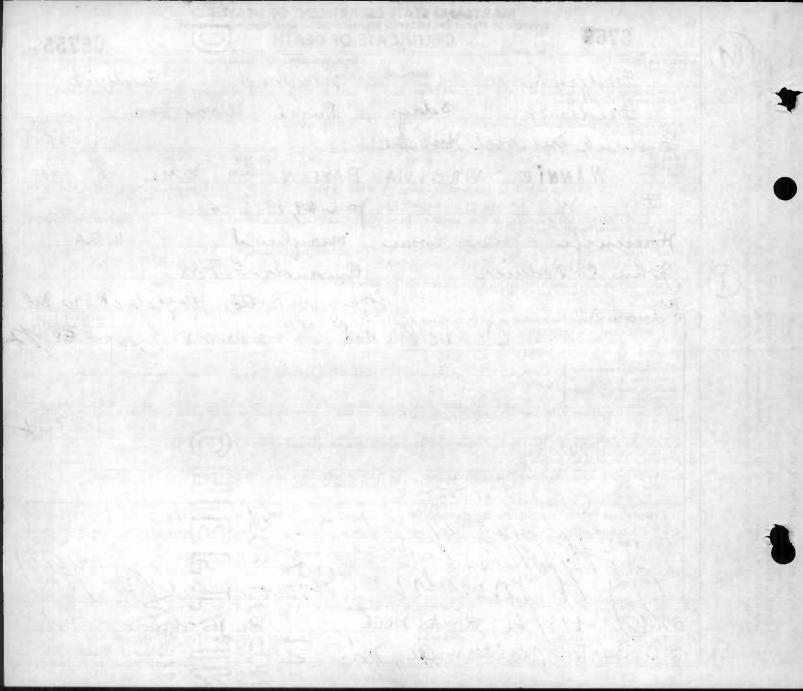
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

TIMORE 1, MARYLAND

SIAIISIICAL	KESCAKUN	AND	KECOKDS	- DALII
CE	RTIFICA	ATE	OF D	EATH

06755

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	0	o. COUNTY Froder LA MARYLAND	o. STATE Maryland b. COUNTY Frederick
	Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
9		Frederick 3 days	* Rural Wondshorn
	c	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS / e. IS RESIDENCE ON A FABM?
		Frederick neuvral Hospital	YES TO NO
	3. N	NAME OF First Middle	Last 4. DATE Manth Day Yeor
		(Type or print) NANNIE VIRGINIA	BARTON DEATH June 6 1961
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
		₩ WIDOWED DIVORCED	Jan. 29 1912 49 yrs. Months Days Hours Min.
	10a.	D. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Houseville our home	maryland u. S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		John C. Roderick	amanda E. Fox
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
		no	John W. Barton Woodsboro R.J.D. Md.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	al Homerhoy 5 day
		331 × DUE TO	
		Conditions, if ony, which) (b)	
		gove rise to immediate Cause (a), stating the under-	
		lying couse last. (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
)	S		YES NO
	RTIF	OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter noture of injury in Port I or Part II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
	WE	p. m. 19 at wark ot work	
		21. I certify that (I) (this haspital) attended the deceased fram	3. 1960/. ta Jam 5. 1960/. that (1) (we) last
		saw the deceased alive on 1944 5 1960, and that	death accurred at M. from the causes and an the date stated above.
		220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		1 / / / / / / / / / / / / / / / / / / /	M.D. PHYS. DIRECTOR PHYS. D
		22c. PHYSTCI AN'S NAME (Type)	22d. Applets (2) 1761
		I I I I WOULD	I from on way fi
	23a.	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town ac county) (State)
,	_	Burial 6/8/61 Kocky AU	Le Mr. Woodsboro, Md.
X	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF	250. REC'D' BY REGISTRAR 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE
1		J. C. Durier, Wallersville,	Md. DATE JUN 1 2 '61 Chilms S. Knows



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06756

	1. PLACE OF DEATH a. COUNTY Freder, C/T MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Maryland Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 2 WKs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middle town
9	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Erederick Memorial Hospital	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Beulah P. Middle	Boyer 4. DATE Sune 26 1961
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH April 1899 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Yrs.
)	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 13. FATHER'S NAME Charles W. Ahalt 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ((Yes, no, or unknown)) (if yes, give wor or dotes of service)	Maryland U.S. 14. MOTHER'S MAIDEN NAME Pearl M. Boyer INFORMANT Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Courte Covon	arroll E. Boyer, Middletown, Md. With the state of the s
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions, if ony, which (b) Conditions Contributing to DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an June 26 196/, and that 220. SIGNOW)E 22c. PHYSICIAN'S NAME (Type) Heary V. Chase	death occurred at 2.2 M, from the causes and an the date stated above. M.D. ATTENDING MED. DIRECTOR PHYS. D 22d. ADDRESS 4 E. Church St Frederick Md
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C NUTLAL 6/28/1961 Lutheran C	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) emetery Middletown. Md.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gladhill Company, Middletown,	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

may be retained spiral or attending physician.

TO FUNERAL DIRECTOR/7 After this certificate has been signed by the attending physician and campletely filled in by the funeral director; page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. SING PHYSICIAN: The law requires that the death certificate be executed w TO HOSPITAL OR

VR A15 (4) 1SM 9/S9

Page 4

24 haurs after &

####B med author County - a 2 M St. 1 1 1 1 Walnut a 15

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

OCTET

1	CLK	IIIICA	IL OI DEAIII		60101
D	PLACE OF DEATH 5. COUNTY Frederick M	ARYLAND	2. USUAL RESIDENCE (Where o. STATE Max	e deceased lived. If institution yland b. COUNTY	rn: Residence before admission) Frederick
	c. CITY OR TOWN (If outside corporate limits, write Freeze town) 2 hr		c. CITY OR TOWN (If outs	side corporote limits, write RL >nt	JRAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Frederick Memorial Hospita	1	d. STREET ADDRESS W. Main S	t•	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) James A.	Bro	oadbent	OF DEATH JUNG	16 1961
	Male White WIDOWED DIVO	ORCED		11 49 yrs.	Months Doys Hours Min.
10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE Drief Lambers of Inferior of Particle 10b. KIND OF BUSINE John Hop)				U.S.A.
13.	Lees Broadbent		14. MOTHER'S MAIDEN NA	e ?	
15. (Ye	was deceased ever in u. s. armed forces? 16. social security 162-03-22		Dorothy M.	Broadbent Address	Thurmont, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(c).]	my orclus	ion	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying</u> couse lost.	rely	otie Hear	Disease	1 yr.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMINA	al disease condition givi	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED	D. (Enter noture of injury in Po	rt I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
	21. I certify that (I) (this haspital) attended the decea saw the deceased alive an 6/16 196/		. 20	/	d an the date stated above
ď	Jenry V. Chase		M.D. ATTENDING MED DIRE	STAFF PHYS.	6/16/6/ SIGNED
	DEC. PHYSICIAN'S Henry V. Cha	se	4 E. Chi	urch St F.	rederick, Md
230	BUPTATON, 23b. DATE THEREOF 23c. NAME OF BLUE		c Cemetery 2	3d. LOCATION (City, town, o	16.
20	OUNERAL DIRECTOR'S SIGNATURE ADDRESS Thur	mont.		BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

TO HOSPITAL OR Spiral or attending physician.

TO HOSPITAL OR Spiral or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

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		and 5	131 2018/19	
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		A. Deliver		
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Mil totalential	anatheoni . E galeen	02-03-50-50		
***	negrandY wastern		In-1 -5 Terms	

FOR STATE HEALTH DEPT.

6772

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. ND6758

-													
	PLACE OF DEATH a. COUNTY	Frederick		MA	RYLAND		ibence (v laryl		ed lived. If inst b. COUN	itution: Res			
	b. CITY OR TOWN (IF Frederick	outside corporate limits, write I	RURAL	Hours	V IN 16	c. CITY OR		++-	oorate limits, wri	te RURAL			
	d. NAME OF HOSPITA Francis S	at or institution (if Scott Key H	otel	ol, give street add	ress)	4. STREET 4	Ford	am Roa	ad			ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Irvin		Cecil Middle		Brown		4. DATE OF DEATH	June	ŽI	Day		(°61
5.	Male	White	MARRIED WIDOWED		D D N	ov. 20, I	895		9 AGE (In years birthday) yr:	Months	Doys	IF UND Hours	ER 24 HRS. Min.
100	a. USUAL OCCUPATION during most of workin Teacher	ON (Give kind of wark do g life, even if retired)		D OF BUSINESS C	R INDUSTR	Ringgo					S.A.		COUNTRY
13	FATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME					
I	Frederick	F. Brown				Minnie	E.R	effene	er	11-			
15	WAS DECEASED EVI	ER IN U. S. ARMED FORCE (If yes, give wor or dotes of the St. W. W.	CES? 16. SC	OCIAL SECURITY N	0. 17. IN	Irvin	C.Br	own,4	704 For	dan I	Read a	l	
z	Conditions, if argave rise to immed (o), stoling the couse tost.	ny. which (b)_diate cause	arie (Tions con	TRIBUTING TO DE	proc		art	dis	esse	SIVEN IN P	ART I(a)	ear	- F
CERTIFICATION													NO [
CERTI	20g. EXTERNAL CAL PRIMARY or CON CAUSE OF DEATH.	NTRIBUTING []	. DESCRIBE F	HOW INJURY OCC	URKED. (En	ter noture at in	jury in For	ri I ar Fort II	of item 18.)				
MEDICAL	20c. TIME OF INJUI Haur a.m. p. m.	RY Month, Day, Year	20d. INJ While at work	Not while of work	20e. PLAC facto	E OF INJURY (I	Home, forn bldg., etc	n. 20f. (City	ar fown)	(0	County)		(Stote)
	opinian death	resulted from: N], Suicide	□ ,	y ⊠ , Ir Homicide XAMINER □	nspection (*) , Unde], Inquitermined	,	er 🗌	od in my
	EXAMINER'S NAME (Type)	B.O.Thoas,	M.D.			ASSISTA	NT MEDIC	AL EXAMINE		22,19	96 I		
rr	ransportat	sipn 6/24/6		Plains		CREMATORY			TION (City, town			(Stat	•)
23	FUNERAL DIRECTOR	~		ADDRESS			240. REC	D BY REGIST	RAR 24b. REG	GISTRAR'S	SIGNATU	RE	
	F. Gasch'	s Sons H	yatts	ville, M	ld.		DATE 1	IUN 2 6	'61		P 2		

TO DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary lease execute the cert.

A should be forwards to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board af Health, or its designated agent, prior to burial, cremation, ar remaval, and is any event within 72 hours after death.

VS. A15ME 5M 2/57

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ARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence Before admission) 1. PLACE OF DEATH 0 e. COUNTY b. COUNTY filled in by the 1 Pages 1 and 2 s FREDERICK 1 MARYLAND WASHINGTON after death. b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) 0 20 DOLINER - KORAC d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) ROWAISVILLIE 0 pours ! EW NURSING HOME completely papers. NAME OF 4. DATE DECEASED (Type or print) DEATH JUNE within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH and last birthday) TEMALE WIDOWED N DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY гетоме done during most of working life, even if relired MOTHER'S MAIDEN NAME CARROLL CO. M.D. YISA. HOUSE 13. FATHER'S NAME WILFIE OWN HOME please aftending RECEP. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. Then oval, (Yes, no, or unkown) | (If yes give wer or deles of service) No NONE the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] þ PART I. DEATH WAS CAUSED BY g physicial signed by IMMEDIATE CAUSE (a) burial-transit DUE TO been Conditions, if eny, which geve rise to Immediate cause DUE TO (a), steting the underlying cause lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY certificate CERTIFICATION as use pricr 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for After this defached 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, ' 2Df. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work D. m. FOR: 1958, to., 19(1. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... occured at 4 B M DIREC (1.20 190 ... and that death from the causes and on the date stated above. State saw the deceased alive on. 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. TO FUNERAL I director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23e. BURIAL, CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATORY 23d. LOCATION (City, Iown or county) REMOVAL (Specify) CEMETIERY 24 FUNERAL BIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DOONSBORD

e. IS RESIDENCE

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19 (01

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

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PERFORMED?

(County)

WASH

Civina S. Thousa

DATE JUN 2

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MARYLAND STATE DEPARTMENT OF HEALTH

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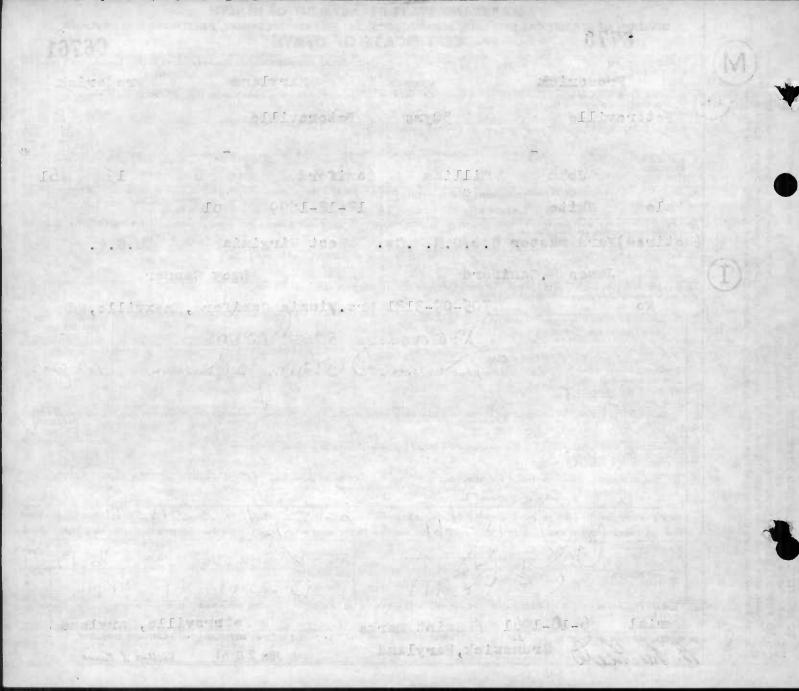
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacaasad livad, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Frederick Frederick MARYLAND death c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pue b. CITY OR TOWN (if outside corporate limits. in by write RURAL and give nearest town) Pages 1 after (Petersville Petersville a. IS RESIDENCE filled d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? hours YES NO completely papers. Day Yaar 3. NAME OF Last DATE Month First Middle 4. 72 OF DECEASED .Tohm William Caniford 1961 DEATH (Typa or print) 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours Min and Male WIDOWED [DIVORCED T 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stata, or foreign country) physician remove done during most of working life, even if retired) B.&.O.R.R.Co. West Virginia U.S.A. (Retired) Yard master 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl 2 James W. Caniford Lucy Conner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass Then (Yes, no, or unkown) | (Ifyes giva war or dates of servica) removal 05-09-3127 Mrs.Minnie Caniford, Knexville, Md the INTERVAL BETWEEN ig physician. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO aftending Conditions, if any, which peen gave risa to immadiata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH After this ealth defached 2Da, PLACE OF INJURY (Homa, farm, (Stata) 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, streat, office bldg., etc.) Whila Not While MEDI Hour a.m. at work at work p.m. TOR: 19.00 to. ..., and that death occured at J. AM, from the causes and on the date stated above. 19.6.1 saw the deceased alive on... DIRE 22b. DATE 22a. SIGNATURE SIGNED ATTENDING. MED STAFF DIRECTOR PHYS. PHYS. M.D. death. Page 4

CO FUNERAL

director, page 3

be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (Stata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Petersville, Maryl OF Burla Marks 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Brunswick.Maryland DATE JUN 2 0 '61 15M 9/60 Orthur & Krous



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whata deceased lived, If Institution; Residence before admission) Frederick · ST Waryland b. COUNTY Frederick MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, writa RURAL and giva nearest town) þ write RURAL and give nearest town) years Frederick .57 after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 233A Phebus Ave 233A Phebus Ave completely papers. 3. NAME OF Middle DATE Month DECEASED OF Clifton (Type or print) Robert Cartnail DEATH 6 carbon 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED and ast birthday) Months Malbe negro WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Truck driver Frederick. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease attending | Then please Thomas Cartnail Ruth Kilgo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unknwn) | (If yes give war or dates of service) Ruth Cartnail 233 Phebus no -10-0565-H the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). physician. þ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, it arry, which gave rise to immediate cause (a), stating the underlying cause last THER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 300 use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) alth MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. COR: 21. I certify that (I) (this hospital) attended the deceased from. 19 0 ... and that death occured ay... saw the deceased alive on. .M, from the causes and on the date stated above. 22 SIGNATURE ATTENDING A MED STAFF PHYS. PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, I Pairview or CREMATORY 236. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Frederick

0 H VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Frederick Md 25a. REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE

JUN 7 DATE

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e. IS RESIDENCE ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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(NA	CERTIFIC	ALE OF DEATH	U6763
AI	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	ence before admission)
	Frederick	Maryland b. COUNTY Car	roll
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL once	give nearest town)
	Frederick	Mt. Airy	16x-2
10	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Frederick Memorial Hospital	11 Paradiise Ave.	YES NO
	3. NAME OF First Middle	Last 4. DATE Month	Day Yeor
	(Type or print) Hepsey L.	Condon DEATH June	11 1961
	S. SEX 6. COLOR OR RACE . MARRIED NEVER MARRIED	lost piringoy) Months	Doys Hours Min.
	Female White WIDOWED TO DIVORCED	July 4, 1899 61 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CI	ITIZEN OF WHAT COUNTRY?
	Housewife Domestic	Howard Co., Maryland	U. S. A.
(F	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(1)	Charles W. Nicholson	Almeda Miles	
	(Yes, no, or unknown) (If yes, give wor or dates of service)	7. INFORMANT Address	Admir Ma
	212-40-7466	Mrs. Mauree Van Sant, Mt.	Ally, Ma.
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	1 0- 0/1	ONSET AND DEATH
	IMMEDIATE CAUSE (o) Deside June	money edline and shock	2 hours
	DUE TO DUE TO	, ,	21
	Conditions, if ony, which gove rise to immediate (b)	embour	of his.
	couse (o), stoting the <u>under-</u>		
		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	APT 1/01/19 WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	10.00 - A mole to	PERFORMED?
A	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter noture of injury in Port I or Port It of item 1B.)	113 LI NOVE
0	OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stote
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 at work of work	foctory, street, office bldg., etc.)	
		m. June 1 1961 to June 11 19	fal a amaza
	21. I certify that (I) (this hospital) attended the deceased fro	7	61, that (1) (we) las
	saw the deceased alive an 1961, and the	at death accurred at 3 PM, from the causes and an the	ne date stated above
- 1	1/2 - 1/2 (1/2 - 2	M.D. PHYS. MED. STAFF	6/11/61 SIGNED
	22c. BAYSTCIAN'S	22d. ADDRESS	0/11/61
	NAME (Type) Henry V. Chase	4 E.Church St Frederi	ich Mct
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		
0	Burial 6-14-1961 Prospect	Cemetery Frederick Co.	
X	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	

TO HOSPITAL OR may be retained b

VR A15 (4) 1SM 9/S9

ING PHYSICIAN: The low requires that the death certificate be executed wing spital or attending physician.

C. M. Waltz, Winfield, Maryland

DATE JUN 1 4 '61

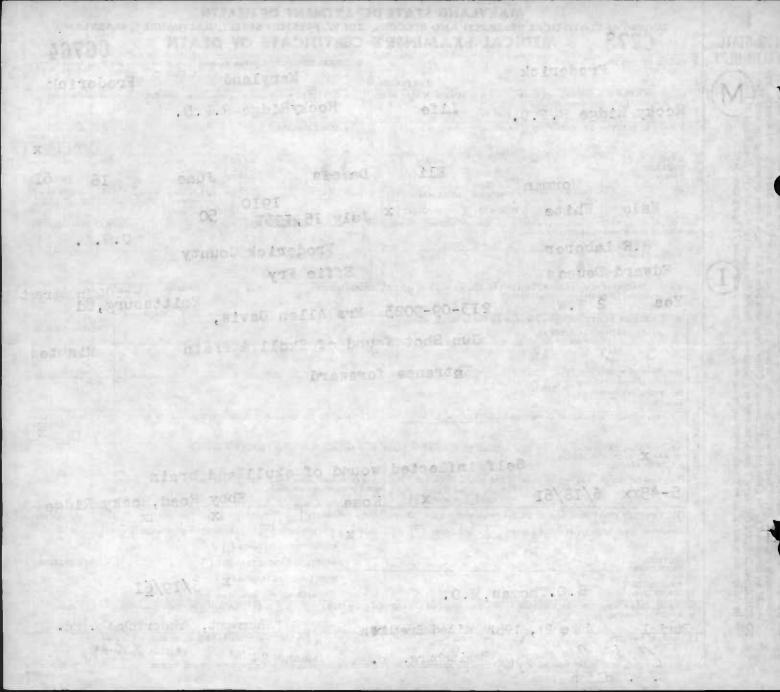
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) 1. PLACE OF DEATH Frederick REALTH DEPT Pege Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. Rocky Ridge R.F.D. is nece Your RockyRidge R.F.D. Life Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) jo a. IS RESIDENCE d. STREET ADDRESS to the funerel ON A FARM? retained State YES NO₃-3. NAME OF First Middle DATE Month Day Year DECEASED OF E11 Dem ee s (Type or print) DEATH June 61 may be 19 with 5. SEX B. DATE OF BIRTH IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR ന 7. MARRIED NEVER MARRIED age 5 may 1 and 2 wit 72 hours e in pencil in Item 18. Give Pages 1, 2, end 's Office along with form PM3. Page 5 may a burial-fransit permit. File pages 1 and 2 wiemovel, and in any every. end . 1910 de last birthday) Months Male White WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. R.E Laborer 14. Moffin ederick County 13. FATHER'S NAME Edward Dewees Effie Fry EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address West Main Street (Yasano, or unkown) (Ifyesgivewarordatasofservice) Emittsburg, Md 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] Mrs Allen Davis. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gun Shot Wound of Skull & Brain IMMEDIATE CAUSE (a) Minutes DUE TO removel, Entrance foreward Conditions, if any, which (b) cate, writing the word "pending" gave rise to immediate cause Examiner's 60 DUE TO (a), stating the underlying Se 9 cause last. used cremetion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 19. WAS AUTOPSY PERFORMED? 9 Chief Medical E NOX YES 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) age 3 short to burial, CAUSE OF DEATH. inflected wound of skull and brain (County) MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, (State) factory, street, offica bldg., etc.) 0 While Not While please execute the centricate, wr 4 should be forwarded to the C O FUNERAL DIRECTOR: Pag or its designated agent, prior to Ebby Road, Rocky Ridge at work at work Home Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, and in my opinion death resulted from: Natural causes Suicide T Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY EXAMINER'S B.O.Thomas.M.D NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Thurmont, Frederick Co. Md.

248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE OH P40 0 Burial 1961 United 23. FUNERAL DIRECTOR VS. A15ME Cirthung S. Krous Fmmitsburg, Md. DATEUN 21 5M 7/59

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DYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) shou a. COUNTY e. STATE b. COUNTY Frederick Maryland Frederick the 3 MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL end give nearest town) Frederick-Rural RD#6 þ Years Frederick-Rural RD#6 <u>-</u> Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS hours Linganore Road Linganore Road papers. completely NAME OF First Middle Last A DATE Month DECEASED (Type or print) RALPH DEANS FINCH DEATH June carbon 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR last birthday) and Months Male White 1 Feb 1914 WIDOWED DIVORCED event. physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Dwner & Operator Tree Surgeon & Landscaping Wilson, N. C. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME please aftending Mary Deans and Francis J. Finch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO | 17. INFORMANT Address that the removal. (Yes, no, or unkown) | (Ifyesgive war or dates of service) Mrs. Janie P. Finch (Same as item #1) ng physician. No Unknown permit. 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c), PART I. DEATH WAS CAUSED BY: RONCHO GENIC IMMEDIATE CAUSE (e) burial-transit DUE TO aftending Conditions, if eny, which been geve risa to immediate cause DUE TO (a), steting the underlying has ceuse lest. certificate ha 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY hospital as 0 done at Johns Hopkins Pheumonectomy Hospital prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) After this ce OR CONTRIBUTING CAUSE OF DEATH the Health OR: After t MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) factory, street, office bldg., etc.) Not Whila While Hour a.m. et work at work CTOR: 19.61, to 6/4 , 19.61, that (I) (we) last 12.1 21. I certify that (I) (this hospital) attended the deceased from.... 1961., and that death occured 3:30A, from the causes and on the date stated above. should saw the deceased alive on..... 22e. SIGNATURE ATTENDING. STAFF 3 PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 r M.D. ector, page, filed with the 22d. ADDRESS 22c. PHYSICIAN'S Richard C. Reynolds Church St., Frederick, Md. NAME (Type) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) g. d. Mount Olivet Cemetery 0 Frederick Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 161 arilan & Thous M. R. Etchison & Son, Frederick, Maryland 15M 9/60

e. IS RESIDENCE

YES NO A

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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(Stata)

22b. DATE

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5 June 1961

Maryland

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(County)

Year

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Unknown - - Hrs. Janie T. Pinel (Sage as free ol)

Phonord C. Reymolds 9 5. Smurch St., Franklin, Fd.

1 5-7-51 Mount Olive Venetry Francisco Venetry P. H. Fredhion & Son, Fredorick, Maryland and S. Mit Cole Cole

TO HOSPITA death. Page DIREC

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 06767 CERTIFICATE OF DEATH

		rederick		MARYLAND	a. STATE M	aryland b. col	Frederi	ck
	b. CITY OR TOWN (in write RURAL and Rura I	f outside corporata limit giva nearest town) - Rt. 2	ts,	5 yrs.	c. CITY OR TOWN	N (If outsida corporata limits, wrap)		own)
	d. NAME OF HOSPIT	TAL OR INSTITUTION (f not in hosp	pital, giva straat address)	d. STREET ADDRES	SS		RESIDENCE
	Union					ionbridge	YES [NA FARM?
	NAME OF DECEASED	First		Middla	Last	4. DATE Mor		oor -
	(Typa or print)	Char		Luther	Fisher	DEATH June		961
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeer lest birthday)		ER 24 HRS.
1	Male	Negro	WIDOWE	DIVORCED [July 1-188	89 71 yrs.	Months Deys Hours	Min.
do	Cook - F	ION (Giva kind of work rking life, even if retira Retired	d) 10b. KI	ND OF BUSINESS OR INDUST	Freder	rick Co. Md.	U.S.A.	COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME		
	Unkr	nown			Unka	nown		
		ER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT	Addre	55	
(10	No No	fyasgive war or dates of s	0.3	4-10-3562	Ida Fisher	r-Rt.2 Union	bridge. Md.	
	18. CAUSE OF D	EATH [Entar only ona	causa par li	ne for (a), (b), and (c).]			INTERVAL	
		H WAS CAUSED BY:	(menary T	tran hes	44.0	ONSET AN	DUEATH
	4200				10 41.(0.7			
- 24		DUE TO	Car	renor a	11178 - 401	Lani.	420.	1/3
-	Conditions, if any geva risa to immadi			or range			7	
	(e), steting the un	> DITE TO		4			NO.	
	cause last.) (c)						
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITION G	IVEN IN PART 1(e) 19. WAS PER YES	FORMED?
	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter nature of injury	in Part I or Part II of itam 18.)		
MEDICAL	20c. TIME OF INJU Hour e.m.	RY Month, Day, Ya	ar 20d. I Whila	Not Whila fac	ACE OF INJURY (Home, f tory, streat, office bldg.,		(County)	(Stata)
~			al) atton	dad the decorated from	Mc + Ses	, 1960, to 6/18/	6/ 10 that (1)	(wa) lac
H						2.5 M, from the cause	s and on the date sta	ted above
	220: SIGNATURE	Carise	10		ATTENDING PHYS.	MED. STAFF PHYS.	1 6/20	2b. DATE SIGNEE
	22c. PHYSICIAN'S NAME (Typa)		0		22d. ADDRESS	on Bridge	, Md.	L
23	BURIAL, CREMATI	ON, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	(State)
1	REMOVAL (Spacify)	6-21-6		Waymans		Mt. Plea	sent Fred.C	o.Md
-	FUNERAL DIRECTOR			ADDRESS	25a.	REC'D BY REGISTRAR 256.		
	C.E.H	icks lll	Fre	ederick, Md.	DATE	JUN 2 3 '61	arihun S. Kraus	1215

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241 F 1 899 Frederick Co. Md. U.S.L.

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TO HOSPITA OF LITENDING PHYSICIAN: The law requires that the death certificate xecuted within 24 gours after a death. Page the retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and ip-fany Rept, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTI	MORE 1, MARYLAND
6782	CERTIFICATE OF DEATH	06768
. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased live	d, If institution: Residence before

a. COUNTY		e. STATE_	INTO CALLED COCOOSE	b. COUNTY	OIII KOSIGOIIC	001010 0011	113310117
Frederick	MARYLAND		land		ederi	.ck	
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURA	L end give n	eerest town)	
Rural - Middletown	5 months	X Mver	sville				
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRES				e. IS RESI	
Valley View Nursing	Uamo					ON A F	
3. NAME OF First	Middle	Last	4. DATE	Month	Dev	I SEE	M
DECEASED		Edsi	OF	Monin	Doy	1001	
(Type or print) ELIZABETH		OOK	DEATH	June	22	1967	1
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH		birthday) IF UND		IF UNDER 24	
female white wbow	ED X DIVORCED N	ov.10,187		yrs. Month	hs Days	Hours	Min.
10e. USUAL OCCUPATION (Give kind of work 10b.)	CIND OF BUSINESS OR INDUSTR			n country) 12.	CITIZEN OF	WHAT CO	UNTRY?
done during most of working life, even if retired) housewife	n homo	Formone	1774 7 7 0 0 10 1		TT C	Α.	
13. FATHER'S NAME	n home	14. MOTHER'S MAIDE	ville,Oh:	10	U.S.	A	
Jacob Eby			abeth She				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) ((fyesgive werendetes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
no	none Mr	s.Elizabe	th MacGr	egor.Al	lento	own P	8.
18. CAUSE OF DEATH [Enter only one couse per	line for (e), (b), end (c).]	11	1		INI	ERVAL BETW	EEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	21 1/2011	Veins.	where		23	SET AND DEA	Pele
2211/	enerion !	ACCIVE.	11 vagic	-		2	
DUE TO					4/1		
Conditions, if any, which gave rise to immediate cause	•						
(a), steting the underlying DUE TO	4.01						
cause lest. (c)	tem Scler	usus				4	1
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN	PART 1(e) 19	PERFORM	
ATIC					Y		0
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury	in Pert I or Pert II of its	om 18.)			
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, fo	arm, ' 20f. (City or to		(County)	151	tete)
20c. TIME OF INJURY Month, Dey, Year 20d. While Hour a.m. 19 et wo		ory, street, office bldg.,		wnj	(County)	(3)	010/
p.m. 19 et wo							
21. I certify that (I) (this hyspital) atter	ided the deceased from	May 29	, 196.1, to Jul	M. 22.	19 Gel, 11	nat (I) (we	e) last
saw the deceased alive on. July.							
22a. SIGNATURE		1	/			22b. I	DATE
150m	11 Heah	D. PHYS.		AFF IYS.			SIGNED
22c. PHYSICIAN'S	M HARP M.	22d. ADDRESS	DIRECTOR	[]			
NAME (Type) J. Elmer	Harn		7 ot our	ESA.			
	***		lletown,				
238. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or co	ounty)	(State	0)
Burial June 24,196	Inited Br	ethern	Myersy	ille Fr	ed Co	. bM.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. 1	REC'D BY REGISTRAR				
Meral F. Bittle	. Myersville	TAG DATE	JUN 2 7 '61	Cathan	S. Krau	A	
TOUGH TOUTE	· HAGISATITE	, IVIU	1017 = 1 01	· Course	A), TOWN		

addresses appeared a model of a low-Vehicle view Control a Zaka dicelay Lolopat DY STOLL THE . N. C. L. Chill Child arekto . 100 - 100 A SECTION OF THE PROPERTY OF T · Alexander State of the Control of 1914. THE PARTY AND THE WALL THE WORLD IN THE PARTY OF THE PART and a little of the contract o

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06769

1. PLACE OF DEAT:	H					CE (Where deceased lived, If		nca before admission)	
	derick		MARY	LAND	a. STATE Mary.	land b. coul	Freder	ick	
b. CITY OR TOWN	(if outside corporete limits d give nearest town)	,	c. LENGTH OF STA	Y IN 15	c. CITY OR TOWN (If outside corporate limits, writ	e RURAL end give	neerest town)	
Frederick		-	Since-191	5	Fred	erick			
d. NAME OF HOSPI	ITAL OR INSTITUTION (if	not in hos	spitel, give street eddre	ess)	d. STREET ADDRESS			e. IS RESIDENCE	
Frederick	Memorial Ho	spit	al		119 West Fourth Street YES NO				
3. NAME OF DECEASED	First		Middle		Last	4. DATE Mont	h De	y Yeer	
(Type or print)	EDNA	1	GRACE		FOGLE	PART OF STREET	une 30.	1961	
5. SEX	6. COLOR OR RACE	7. MARRIE	D TNEVER MARRIED	р 🗆 В	DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female	White	WIDOWE		_ (June 1891	lest birthday) 70 yrs.	Months Deys	Hours Min.	
	IION (Give kind of work orking life, even if retired		IND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country	12. CITIZEN	OF WHAT COUNTRY	
House-w		,	At Home		Franklinvi	lle, Maryland	USA		
13. FATHER'S NAME					14. MOTHER'S MAIDEN				
Daniel	Eigenbrode				Rosilla C.	E. Matthews			
	VER IN U.S. ARMED FORG		SOCIAL SECURITY NO	O. 17. I	NFORMANT	Addres	S		
No No	ti Aez di se mei oi daiez oize	(VICe)	None	Jan	nes R. Fogle	(Same as ite	m #2)		
18. CAUSE OF	DEATH Enter only one	ceuse per						NTERVAL BETWEEN	
PART I. DEAT	TH WAS CAUSED BY	(1)	et la	Ton	il Indoc	a diti	1	NSET AND DEATH	
730	IMMEDIATE CAUSE (a)_	Co	une vou	creve	w whose	eraus	-	- cuyo	
, , , ,	O DUE TO							0	
Conditions, if en									
(a), stating the	- DUE TO								
ceusa last.	J (c)_								
PART II. OTHE	R SIGNIFICANT CONDIT	ONS CO	NTRIBUTING TO DEAT	H BUT NC	T RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(e)	PERFORMED? YES NO	
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURED	. (Enter nature of injury in	Pert I or Pert II of item 18.)			
ZOc. TIME OF INJ Hour a.m.	URY Month, Dey, Yea	2Dd. While			CE OF INJURY (Home, ferrory, streat, office bldg., etc		(County)	(Stete)	
7,,,,,		al) atton	dad the deceases	d from	6/19	1961, to	30 1961	that (I) (we) las	
						30A, from the causes			
22a SIGNATURE	ised alive on		19ш, а	no mar	death occured as	Z.M.A., Irom ine causes	and on me	22b. DATE	
228 SIGNATURE	2-1				211112	MED. STAFF DIRECTOR PHYS.	1 .1	uly 1961	
22c. PHYSICIAN'S	M. COM	one	21	M	D. PHYS. X	DIRECTOR PHIS.	7. 0	ary zoor	
NAME (Type	James B. 1	homa	s, M. D.			rket St., Fred	erick, M	d.	
238. BURIAL CREMAT	TION, 236. DATE THER	EOF	23c. NAME OF C			23d. LOCATION (City, to	own or county)	(State)	
Furial (Specify	7-3-61		United Br	ethre	en Cemetery	Thurmont, M	aryland		
24 FUNERAL DIRECTO			ADDRESS	4/4		C'D BY REGISTRAR 256. RI	GISTRAR'S SIGN	ATURE	
M. R. Et	chison & Sor	, Fr	ederick, M	aryla	nd DATE	JUL 5 '61	Orthun S.	Kana	
					10.416			/ VI-MAN //	

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drive H. Thomas, M. J. 120 22 S. Darson Ja., Freenick, Mr.

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TO HOSPITAL STIENDING PHYSICIAN: The law requires that the death certificate by ecuted within 24 are after death. Page 4 claimed by the hospital or attending physician.

S TO FUNERAL DIRICATOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6784

CERTIFICATE OF DEATH

06770

1. PLACE OF DEATH			2. USUAL RESIDEN	ICE (Where deceased liv	ed, If institution: Resid	dence before admission)
a. COUNTY Fr	ederick	MARYLAND	a. STATE Mary	rland b.	COUNTY Frede	rick
b. CITY OR TOWN (f outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporata limit	s, write RURAL and giv	va nearest town)
Frederick	give nearest town)	5 Yrs.	/ Fred	derick		
d. NAME OF HOSPIT	TAL OR INSTITUTION (if no	t in hospital, give street eddress)	d. STREET ADDRESS	5		e. IS RESIDENCE
500 Grant	Place		500	Grant Place		YES NO
3. NAME OF	First	Middle	Last	4. DATE	Month Da	ay Year
(Type or print)	SADIE	EDITH F	ULMER	OF DEATH	June 15	. 1961
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	. DATE OF BIRTH		years IF UNDER 1 YEA	AR IF UNDER 24 HRS.
Female	7877-24-		16 Dec 1891	last birtl	yrs. Months Days	s Hours Min.
10a. USUAL OCCUPAT		106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	unty & Steta, or foreign co	ountry) 12. CITIZEN	OF WHAT COUNTRY
House-W	rking life, even if retired)	At Home	Walkersvi	ille, Maryla	nd USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
(First na	ne unknown)	Stultz	Annie Eyl	ler		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. I	NFORMANT		ddress	
(Yes, no, or unkown) (I	l yes give war or dates of service	216-22-9506 Max	rshall H. Fu	lmer (Same	as item #	1)
	EATH [Enter only one cau	se per line for (a), (b), and (c).]				INTERVAL BETWEEN
	H WAS CAUSED BY:	Treta Comm	and and	0		ONSET AND DEATH
422	DUE TO	-cus	111	· · · · · · · · · · · · · · · · · · ·		
Conditions, if any	/ 0	atemale t	= / Jew	7 disea		10 most
gave rise to immadi	ate cause					1
(a), stating the u	nderlying				1700	
	SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITIO	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
7). 1.t.	00 +				PERFORMED?
20a. ACCIDENT W	AS UNDERLYING 20	b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Part II of item 1	8.)	110 _ 110 [20]
OR CONTRIBUTING	CAUSE OF DEATH					
		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, far	rm, ' 20f. (City or town)	(County)	(Stata)
20c. TIME OF INJU		WhileNot Whila fact	ory, street, office bldg., et		,	
	19	at work et work	4/	11/2	11-11	
	hat (I) (this haspital)	attended the deceased from.	NOV	19.60 to	19.47	, that (I) (we) las
saw the deceas	sed alive on	2/5 1961, and that	death occured at.		uses and on the	
220. CHE TATURE	2 1/		ATTENDING	MED. STAFF	7.6	22b. DATE
116	my /	Mase M	D. PHYS. 22d. ADDRESS	DIRECTOR PHYS.	10	June 1961
22c. PAYSICIAN'S NAME (Type)	Henry V. Cha	se, M. D.		rch St., Fre	derick. Md	Hann I
N. B. C. C.				23d. LOCATION (C		(State)
_REMQVAL (Specify)	ON, 23b. DATE THEREOF	Mount Olivet	_		Maryland	
Burial		ADDRESS_		EC'D BY REGISTRAR 25		
M. R. Etc.	hison & Son.	Frederick, Maryla	nd	LO DI REGISTRAN ZO	D. ALGISTAAN S SIGI	W. C. C. C.
			DATE	JUN 1 9 '61	Circles &	W.
					The formation	MALIA

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MA	KILAND	SIAIL	DEP	AKIN	NEN	I OF	HEA	YLIH	
DIVISION OF	STATISTICAL	RESEARCH	AND I	RECOR	os —	BALTIN	ORE	I, MARYL	AND
	OF	DELETA	A ===	OF	DEA				

North Car.

25b. REGISTRAR'S SIGNATURE

arthur S. Krous

25a. REC'D BY REGISTRAR DATE JUN 2 0 '61

	6785		CERT	IFICATE	OF DEATH			06771
1. PLACE	OF DEATH			2.		here deceased lived. If in		e before admission)
	Trede	evick	M	ARYLAND	North Cay	roling b. co	mitche	
b. CITY	OR TOWN (If AL and give nec	outside corporate limit	s, write c. LENGTH OF ST	TAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, v	write RURAL and g	ive nearest town)
FOM	T DETH	ick- FREDE	Edick 7 MONT	755	Bakers	ville	76 X-	3
d. NAA	ME OF HOSPITA	L (If nat in haspital, gi	ve street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	nang.	-2001 U	DRGH		BOX 264	4		YES NO
. NAME DECEA	OF SED	Firs	t Mic	idle	Last	4. DATE OF	Manth	Day Year
	or print)	James	ی کی	(Freene	DEATH 5	une	18 1961
. SEX	4	6. COLOR OR RACE	7. MARRIED NEVER MA	RRIED 8. C	ATE OF BIRTH	9. AGE (In	1	YEAR IF UNDER 24 HRS.
Wa	le	CAU.	WIDOWED DIVO	RCED 16	PPVII 19	18 49	yrs. Months	Doys Hours Min.
la. USUA	AL OCCUPATION	N (Give kind of work d	one 10b. KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITI2	EN OF WHAT COUNTRY?
ALPO	ST CIT	Retired					U.	S.A.
3. FATHE	R'S NAME			1	4. MOTHER'S MAIDEN	NAME		
1.1	Im G	reevelo	ecensed	1. 813	Annie	Buchans	2 10	
5. WAS I	DECEASED EVER	IN U. S. ARMED FOR	ES? 16. SOCIAL SECURITY	NO. 17. INFO	(STIW) THAMS	Dacilani		Bakensuille
(Yes, no, or	unknown) (II	yes, give war or dates of se	7 242-40-38	-83 M		Buyant G	reene/	
18. C	AUSE OF DEAT	H [Enter only one car	use per line far (a), (b), and		1,0.0	31 101110	7	INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	CHOCK	2				3 HOWYS.
	2010	IMMEDIATE CAUSE (a) DUE TO	311001					311000
Cor	ditions, if an	w which \	Bronch	12/01	neumon	iA		3 Days
gav	e rise to im	mediate (DUE TO	Dionen	1916	LE OF MION	111.		20042
	e (a), stating tl g cause last.	ne under-	Hodak	inc	DISEAS	9		
Z –		R SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NO			ON GIVEN IN PART	1(o) 19. WAS AUTOPSY
ATIC								PERFORMED?
20a. /	ACCIDENT WAS	UNDERLYING	20b. DESCRIBE HOW INJUR	Y OCCURRED. (I	inter noture of injury in	Port I or Port II af item	18.)	The Auto
		CAUSE OF DEATH						
₹ 20c. T	IME OF INJURY	Manth, Doy, Yea	r 20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Home, form	n, 20f. (City or town)	(C	ounty) (Stote)
MEDIC	Hour o.m.	19	While Nat while		, street, office bldg., etc			(
	p. m.	The second	ot wark ot work	66.	4A 1 1	10 165		
21.	certify that	(this haspital	attended the deceas					1, that 🇯 (we) last
		ed alive an 183	1961 , o	ind that dea	th accurred at 330	PM, fram the caus	es and an the	
220.	SIGNATURE	00	10.00		ATTENDING W	ED STAFF _		22b. DATE SIGNED
20	Larry	6. Van	phierry	M.D	PHYS. D	IRECTOR PHYS.]	18 June 196
22c. F	PHYSICIAN'S A	ARRY G. DA	MCEPETET D		22d. ADDRESS	March D	D. 4. 1. 1	0
	, , , , , , , , , , , , , , , , , , ,	AILICI G. DA	NGERFIELD		ward 200,	Wrgh, Fort	Detrick,	Md
3a. BURI.	AL, CREMATION	, 23b. DATE THEREO	F 23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION (City,	town, or county)	(State)

ADDRESS

Frederick, Maryland

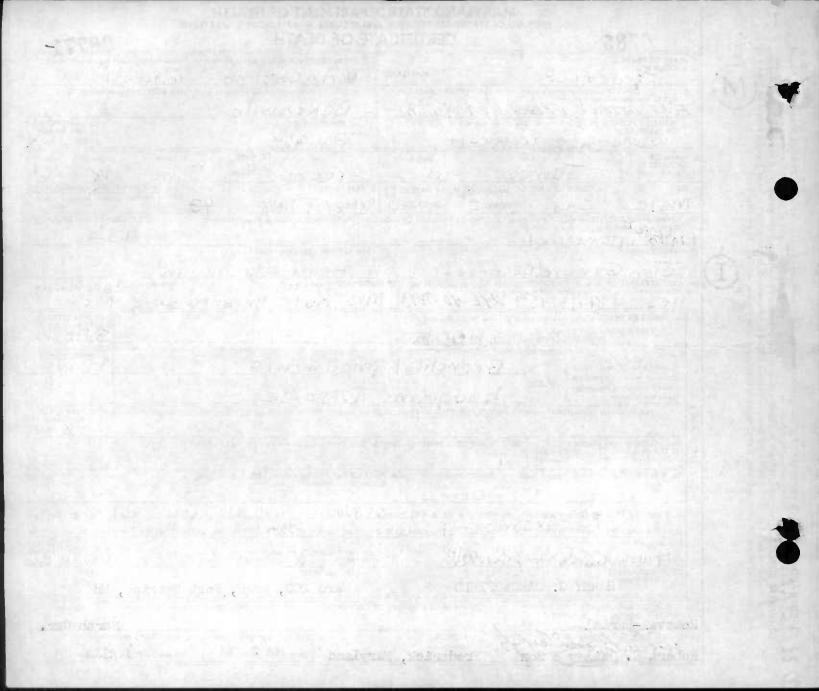
director, iled with moy be retained. A respital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

PHYSICIAN: The low requires that the death certificate be executed

TO HOSPITAL OF VR A15 (4) 15M 9/59

REMOVAL (Specify) Removal-Bur



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 6786 CERTIFICATE OF DEATH director with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. STATE COUNTY be filed MARYLAND the funerol b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) shauld Lette d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION by 3 in b 4. DATE NAME OF First Middle Last Filled Pages 1 DECEASED death. (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH completely lost birthdoy) Manths after WIDOWED [DIVORCED T papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? POULS during most of working life, even if retired) puo carbon 13. FATHER'S MAME physician remave 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending pleose 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). unclet. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the **DUE TO** p permit. Canditians, if ony, which has been signed gove rise to immediate DUE TO couse (a), stating the underphysician. certificate has been si e as the burial-transit lying couse lost. 10 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY cremation, attending 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy. ar ğ foctory, street, affice bldg., etc.) MEDI Hour o. m. While Not while O at wark at work 1961 , ta L 21. I certify that (1) ((this haspital) attended the deceased fram. June 1964, that Hy (we) last Health _1961... and that death accurred at _____M, from the causes and an the date stated above. saw the deceased alive on detoc 22o, SIGNATURE ATTENDING PHYS. FUNERAL DIRECTOR 3 should be a of M.D. DIRECTOR | Board 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) page the Sta REMOVAL (Specify) 0 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE JUN 1 9 '61 arihur S. House VR A15 (4) DATE 15M 9/59

e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

(Stote)

22b. DATE SIGNED

(State)

(County)

Day

ON A FARM?

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 6788

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	o. COUNTY	ederick	MARYLAND	o. STATE		b. COUNTY	sidence before admission)
1		If outside corporate limits, we earest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR	aryland OWN (If outside corpor UralMt.		
1	d. NAME OF HOSPIT	rick Mem. H	treet oddress)	d. STREET A		OEX	e. IS RESIDENCE ON A FARM? YES NO [
	3. NAME OF DECEASED (Type or print)	Lesse	Middle W	Hood	4. DATE OF DEATH	June	Day Yeor 25 1961
1	s. sex	1./	MARRIED NEVER MARRIED DOWED DIVORCED	1-9-18	77	9. AGE (In years lost birthday) 84 yrs.	NDER I YEAR IF UNDER 24 HRS. On this Doys Hours Min.
	Oa. USUAL OCCUPATION during most of wor Farmer-r	king life, even if retired)	10b. KIND OF BUSINESS OR IND		ACE (Stote or foreign coryland	ountry) 12	U.S.
1	3. FATHER'S NAME	William H	lood	34. MOTHER'S	Mary G	osnell	
		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		informant Irs. Fra	nk Byers,	Address Mt. Air	y,Md.
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediate DUE TO	Carcinoma c	of the	le duc	en wit	6 mo
	ZOO. ACCIDENT W	nevalizar	ONS CONTRIBUTING TO DEATH BL A LEVINGE LOS DESCRIBE HOW INJURY OCCURR	orin			PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER)		PLACE OF INJURY (octory, street, office		or town)	(County) (State
		de (1) (this hospital) at sed alive an firm	tended the deceased from 1961, and that Chase	/	d at P.M. from	STAFF PHYS.	1961, that (I) (we) last the date stated above 22b. DATE SIGNED
	23g. BURIAL, CREMATIC REMOVAL (Specify BUrial		23c. NAME OF CEMETERY Taylorsvi	OR CREMATORY	23d. LOCAT	ON (City, town, or cou	inty) (Stote)
	C. M. W		afield, Md.		25a. REC'D BY REGIST	RAR 2Sb. REGISTRAR	

12 District Control of the Control of t TOTAL STREET, Loring . metall in the tutivist control control 9 9 . He see that I have been the see that I have the the state of the same of the s

FOR STATE HEALTH DEPT.

ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EYAMINED'S CEDTIEICATE OF DEATH CMOA

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o. COUNTY Fre	derick		MARYLAND	2. USUAL RESIDENCE o. STATE Mary		b. COUNT	Y	ce before ad lerick	mission)
and dive negrest fown	outside corporate limits, write derick	RURAL	c. LENGTH OF STAY IN 16 2 years	c. CITY OR TOWN	orick	porate limits, write	RURAL and	give nearest	awn)
	AL OR INSTITUTION (III South Market			d. STREET ADDRESS	outh M	arket Sti	reet	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First Agnes		Middle Incinda	Kane	4. DATE OF DEATH	June		Day	Year 19 61
Female		7. MARRIEL	_	DATE OF BIRTH Tovember 27,	1889	9. AGE In years igst birthday) 71 yrs.	Months D	YEAR IF UN	DER 24 HRS.
during most of working	ON (Give kind of work d in life, even if retired) State employ		ND OF BUSINESS OR INDUST	Frederic			U.S.		T COUNTRY
Richard I	. Hagan			Mary M.					
15. WAS DECEASED EV [Yes, no. er unknown) NO	ER IN U. S. ARMED FOR (If yes, give war ar dates at s	ervice)		Frances T	• Ston	er 31 S.	Marke	t St.	Fred.
	TH [Enter only one cous IH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line fo	or (o), (b), and (c).]	1 occlus	cor	~		INTERVAL BETT	WEEN JEATH LES
Conditions, if o	Siote cause		4						
(o), stoting the couse last. PART II. OTH	(c)_	ITIONS COI	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERI	WINAL DISEAS	E CONDITION GIV	EN IN PART		
PART II. OTH	USE WAS 20E	DESCRIBE	HOW INJURY OCCURRED. (E	nter nature of injury in Po	ort I or Port II	of item 18.)		YES 🗍	NO X
20c. TIME OF INJUI		20d, IN While at wor	Nat while facto	CE OF INJURY (Home, for cry, street, office bldg., et	rm, 20f. (City	or town)	(Coun	ty)	(Stote)
			emains described abar auses		sy [], In Hamicide	nspection [X], Undete	Inquiry	-	nd in my
ACTUAL SIGNATURE	Sothe	ver	zes.	_M.D. CHIEF MEDICAL I		R 🗍		DATE	SIGNED
EXAMINER'S NAME (Type)	Dr. B. O.	Thomas	s, Sr.	DEPUTY MEDICAL	EXAMINER [June	1, 196	1
REMOVAL (Specify)	June 4,	1961	Mount Olivet			TION (City, town, erick, Ma		(Sto	ite)
Robert B.	Dai Dey & S		Frederick, Ma	and the second	D BY REGIST		STRAR'S SIGN		

TO DEPUTY MEDITY, EXAMINER: This certificate should be executed within 24 hours after death. If my deloy is necessary tase execute the certified the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3. Fe funeral director, age 4 should be formade, no the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health. VS. AISME 5M 2/57



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MARYLAND STATERUPARYMENT OF HEALTH-BALTIMORE TO SECONDAL EXAMINER'S CERTIFICATE OF DEATH C

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6790 CERTIFICATE OF DEATH

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a. COUNTY	derick		a. STATE		. COUNTY	
b. CITY OR TOWN	(if outside corporata limits, d give naarest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	Vland (If outside corporate limi		ederick give nearast town)
	TAL OR INSTITUTION (if not in h	ornital give street addrage)	Mt. Airy		X	a. IS RESIDENCE
The state of the s	k Memorial Hospi			lain Stree	t /	ON A FARM?
3. NAME OF DECEASED (Type or print)	First ADA	Middle S•	KIMMEL	4. DATE OF DEATH	Month June	8. 19 61.
5. SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (I	n years IF UNDER 1 Y	
Female	White WIDOV		Jan. 19. 1	890 71	yrs. Months Da	Bys Hours Min.
10a. USUAL OCCUPA done during most of w Operator 13. FATHER'S NAME	orking life, even if ratired C.	kind of Business or Industr &P. Telephon	e Marylan	NAME	U.	S. A.
	VER IN U.S. ARMED FORCES? 1. (If yes give war or dates of sarvice)	6. SOCIAL SECURITY NO. 17. 1	Mary INFORMANT Anthony	C. Colwe	Address	Same as 2
	DEATH [Enter only one cause pe				_,,	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	remia				Into
56	DUE TO D					
Conditions, if an	y, which \ (b) Jo	we nephon	noth-			1 wh
gava rise to imma	diata cause		- pro-			
(a), stating the causa last.	underlying Doc 10	topint	hort			10 dans
	ER SIGNIFICANT CONDITIONS CO	ONTRUUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART 1	
OLA / HO	- 171	- 0 In	· + # 1	T+ 1	11 .0	YES NO TO
OR CONTRIBUTING	VAS UNDERLYING 20b. D	SCRIBE HOW INJURY OCCURED). (Enter natura of injury in	Part I or Part II of ite	18.)	113 [110]
20c. TIME OF INJ Hour a.m. p.m.	URY Month, Day, Year 200 Wh	ileNot While fac	CE OF INJURY (Home, far tory, street, office bldg., at		(Count	(Steta)
21. I certify saw the decea	that (I) (this hospital) attended alive on the second	nded the deceased from.		P.M. from the c		A, that (I) (we) last e date stated above
22a. SIGNATURE	enry V. C.	rase "	I.D. PHYS.	MED. STAF		June 1961
22c. PHYSICIAN' NAME (Typ		e, M. D.	4 E. Chu	rch St., Fr	ederick, b	Maryland
23a. BURIAL, CREMA REMOVAL (Spacify Burial		Pine Grove		271 44	City, town or county)	
		ADDRESS		C'D BY REGISTRAR 2	Sh PEGISTRAP'S SH	II Md
C. M. Wa	ltz, Winfield, 1			UN 1 2 '61	arilun S.	

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1 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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M	o. COUNTY	ederick	MARYLAND	a. STATE	aryland	b. COUN
	b. CITY OR TOWN (RURAL and give n	If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpora	ite limits, write
		Smithsburg	life	Smithsb	urg, Rout	te l
X	d. NAME OF HÖSPI OR INSTITUTION	TAL (If nat in hospital, give street	oddress)	d. STREET AD	DRESS	
	3. NAME OF	First	Middle	Last	4. DATE	٨
	(Type or print)	M.	Pearl	Kline	OF DEATH	6
	S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9	P. AGE (In year
-	female	white widow	/ED DIVORCED	3/23/1	901	60 y
1)	100. USUAL OCCUPATION	ON (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLA	CE (State ar foreign co	intry)
	house	wing life, even if retired) Wife	own home	Mary	land	
	13. FATHER'S NAME			14. MOTHER'S M	MAIDEN NAME	
	Roman	Wolfe		La	ura Kuhn	
				NFORMANT		A
	no	(it yes, give war at dates or service)	none H	arvey R.	Kline,	smiths
	18. CAUSE OF DE	ATH [Enter only one couse per	ine for (o), (b), and (c).]	1	1	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pronous Or	colum	on	
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	lying cause lost.		Here Scher	rosin -		4,300
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	PART II. OT	AS UNDERLYING [] 20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in Part I or Part	Il of item 18.)
0		MEDICAL EXAMINER)				
	20c. TIME OF INJUI Hour a. m. p. m.		.2	LACE OF INJURY (He	ome, farm, 20f. (City	or tawn)
	Hour a.m.	19 While	IADI MIIIE	sciory, silect, office t	Judg., etc.)	
		at (I) (this haspinal) atten	ded the deceased from	gan	1954 tal	my /2
			10_196/, and that	-//		
	22a. SIGNATURE	100h	/ / / /	Gran Gccorred	dim, naw i	ile cooses
1		4.5 Min	Harp	M.D. PHYS.	MED.	STAFF PHYS.
-	22c. PHYSICIAN'S	1		22d. ADDRES		
	NAME (Type)	Dr. J. Elmer	Harn	Mic	ldletown.	Md.
	23o. BURIAL, CREMATIO		23c. NAME OF CEMETERY			ON (City, tow
	REMOVAL (Specify		St. Marks I	utheran	-	olfsvi
0	24. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS		250. REC'D BY REGISTE	
100	Gladhil	I Company, M	iddletown, M	ld.	DATE JUN 2 0 '	51
Marie						

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Frederick write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO IX Day Yeor 72 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S. Address Route hsburg, INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO T (State) (County) 1961, that (1) (we) last ses and an the date stated above. 22b. DATE SIGNED town, or county) ville .Md.

REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEAR	CH AND RECORDS	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
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		6792		CERTIFICA	TE C	OF DEATH				067	78	
1.	PLACE OF DEATE	H			2.	. USUAL RESIDEN	CE (Whare da			sidenca b	afora a	dmission)
	Fr	rederick		MARYLAN	D	a. STATE Mary	rland	b. COUN		rede	rie	k
	b. CITY OR TOWN (if outside corporate limit give nearest town)	ts,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN		orate limits, writ	RURAL and	giva naar	ast town	1)
F	rederick			Days		Frederick-	Rural-	R.F.D.#	7			
1	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hospi	tal, giva street eddrass)		d. STREET ADDRESS				à		SIDENCE FARM?
		Memorial He	ospital			Yellow	Spring	3		Y	-	NO X
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Mont	h	Day	Year	
	(Type or print)	WILL:		UMFORD		LINTON	DEATH	June	e J	.2,	19 (61
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH		AGE (In years last-birthday)			UNDER :	24 HR5. Min.
	ale	White	WIDOWED	DIVORCED _	1	Ly 19, 1884		76 yrs.		375 110	ours	Min.
de	one during most of wo	ION (Give kind of work orking lifa, evan if retira	d)	D OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Coun		foreign country)	12. CITIZ	EN OF W		SYNTRY?
	Laborer		G	as Co.		Maryla				US	A	
13.	FATHER'S NAME				14	. MOTHER'S MAIDEN						
4.0		W. Linton					ura Nus:					
(Y	as, no, or unkown) (1	ER IN U.S. ARMED FOR fyesgivawarordatasofs	ervice)			ORMANT		Address	well a			
	No				irs.	Carrie R.	Linton-	-Sameas	Item #			
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	48/	DUE TO	1	lu + 6	1	19.						,
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-	cause last.) (c)	TIONE CONT	NOTIFIC TO DELTH BUILDING	TAIGEN		III GIFFARE					
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ERT	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	ZUB. DESCI	RIBE HOW INJURY OCCI	UKED. (Er	ntar nature of injury in	Part or Part	of item 15.)				
	20c. TIME OF INJU	MEDICAL EXAMINER)	1 20 1 11	HIDY OCCUPAND L DO	DI A CE	OF WHITE ///	1 00/ /00		10	,		
MEDICAL	Hour a.m.	JRY Month, Day, Ya	Whila	Not While		OF INJURY (Homa, farm straet, office bldg., etc.		or town)	(Count	γ)	(;	Stata)
W	p.m.	19	at work				1	4 15				
				d the deceased from			195l, to	6-12	, 196.,	/, that	(I) (v	ve) last
		sed alive on6	-1.4-	196/, and	that de	ath occured at	.H.M., from	the causes	and on th	e date		
	22e. SIGNATURE	00 0	0-				MED.	STAFF		1/2	22b.	DATE
	22c. PHYSICIAN'S	My K	Ma	elen	M.D.	PHYS. Z	DIRECTOR	PHYS.		0/1	4/0.	
	NAME (Typa)	Rex R. Ma	artin.	M.D.		North Mar	ket St	Frede	erick.	Marv	lan	d
23	BURIAL CREMATI	ON, 23b. DATE THER		23c. NAME OF CEMETI	ERY OR			TION (City, to			(Sta	
	REMOVAL (Specify)	June 15.		Rocky Sprin						Wa		
	FUNERAL DIRECTOR		-/	ADDRESS	Ra (derick (Mary		1
			. Frede	erick, Mary	Land		JUN 16'	04	_			
						DATE	FAIL I O	01 (arthur &	Throng	4	

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1	1. [PLACE OF DEATH o. COUNTY Fred	erick		MARYLAND	2. USUAL RESIDENCE (Who a. STATE Marylar	-	b. COUNTY.	rede			sian)
	1	b. CITY OR TOWN (If RURAL and give nec	autside carporate limi irest tawn)	its, write c. LEt	NGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carpo	rate limits, write R	URAL and gi	ive near	est taw	n)
ļ			Myersvi		5 years	Rural -	- Mye	rsville			1777	
		d. NAME OF HOSPITA OR INSTITUTION Route #	L (If nat in hospital, g	give street address	5)	d. STREET ADDRESS	<u># 1 </u>			•	ON A	FARM?
	- 1	NAME OF DECEASED (Type or print)	Fir	CKFORD	Middle	Last	4. DATE OF DEATH	Man	-	Day		Year
ł		SEX	6. COLOR OR RACE		NEVER MARRIED [IZER B. DATE OF BIRTH	DEATH	9. AGE (In years	ne 2			1961 FR 24 HRS
ı	J			WIDOWED	DIVORCED	T227 00 7 00	,	lost birthday)		Days	Hours	Min.
ŀ	100	male	white			JSTRY 11. BIRTHPLACE (State	+	66 yrs.	12 CITIZ	ENIOE	MA/HAT (COUNTRY?
ı	IOU	during most of worki	ng life, even if retired	1)	neral lab			ick Co.			S.A	CONTRI
Ì	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N			1200			
ı		Dav	id Lize	r		Clara	Gave	r				
t	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16. SOCIA	L SECURITY NO.	INFORMANT		Addr	ess			
١	(101	no, or unknown) (1	yes, give war or dates of s	219-	01-1943 M	rs.Margaret	Lize	r. Mver	svill	le.	Md	.Rt.
F		1B. CAUSE OF DEAT	H [Enter anly ane co	ouse per line far (~	INTE	RVAL BE	TWEEN
l		PART I. DEAT	H WAS CAUSED BY:	0-10-25	ac Failu	20				ONSE	TAND	DEATH
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ı		Candilians, if an		Val-	lan Foon	t Disease				5	Yr	a
١		gave rise to im	mediate (-	1.1.001 11001	O DIEGGE				1	andre also B	
١		cause (a), stating II lying cause last.	ne under-	,								
	NO		R SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	. WAS	AUTOPSY
l	ATI	a	arcinoma	of Pro	state							NO []
	CERTIFICATION	20a. ACCIDENT WAS			77. 77. 7	ED. (Enter nature af injury in f	Part I ar Par	t II of item 1B.)				
l	CER	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	MEDICAL EXAMINER)									
1	MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye			LACE OF INJURY (Hame, farm		or Iown)	(Co	aunty)		(State)
1	MED	Haur a.m. p.m.	19		lat while	actory, street, affice bldg., etc.	.)					
1	<	21. I certify the	4 1 -44 d-d 46-		(1)	1956. to 6	-23	1961,	Al A. I. I		u .	
	П	alive an	- 23	10 /. /		h accurred at 1:49		,				
1		alive dil		, 17_5e/	_, and that deat			tne causes an treet, city ar tawn,		aare		a abave TE SIGNED
		ACTUAL SIGNATURE	leart		Hers	M.D				6-	24-	61
		PHYSICIAN'S NAME (Type)	Charl	es F. I	Hess	Smi	thsbu	rg. M	d.			
F	22a	BURIAL, CREMATION		—	NAME OF CEMETERY			TION (City, tawn,			(Stat	le)
1		REMOVAL (Specify)	Tuna 25/				olfsv	1770 E	red (To.	N/A	
1	23.	FUNERAL DIRECTOR'S	June 26,	The second second	MODRESS BY	24g. REC'I	D BY REGIST	RAR 24b. REGIS	STRAR'S SIG	_	E.A.	
			Kem	J. Ch	Myrong		JUN 27	'61	inhun a	s. /u	aut/lis	

TO HOSPITAL Controlled PHYSICIAN: The law requires that the death certificate be executed in 24 haurs after de page 4 may be retained of the Lepital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages: Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

Page 4

VS A1S (4) 1SM 9/58

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IDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL O

VS A15 (4) 15M 9/55

. Page 4

thin 24 haurs after desi-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6794 CERTIFICATE OF DEATH

Reg.	Dist.	No.	0	6	7	8	0
			4.7	3.3	63	1 3	

	PLACE OF DEATH	1	MARYL	o STATE	DENCE (Where decease	b. COUNTY	nı Residence bef	ore admission)
	b. CITY OR TOWN (If outsice RURAL and give nearest to		c. LENGTH OF STAY II	N 16 c. CITY OR	TOWN If outside corp	prote limits, write RI	JRAL ond give ne	corest town)
_	Rural, U	Kilkersvel	le 11 yr	0 Kur	al, Wal	Kersvel	le	
	d. NAME OF HOSPITAL (IF	not in hospital, give stre	et oddress)	d. STREET	ADDRESS			ON A FARM? YES AND
	NAME OF DECEASED	First	Middle	lo	4. DATE OF DEATH	Mon	h D	lay Year
_	(Type or print)	ARL	AGUST	us Lo	VG DEATH	7-01		0 196/
5.	SEX 6. CO	DLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIR	rH	9. AGE (In years last birthday)	Months Doys	R IF UNDER 24 HRS. Hours Min.
	m	W WIDO	WED DIVORCED	1 march	19, 1882	79 yrs.		Tiours Min.
	O. USUAL OCCUPATION (Giduring most of working life	e kind of work done 10 even if retired)	own farms	_ m	aryland S MAIDEN NAME	Bls		S. A.
15. Ye	WAS DECEASED EVER IN U	. S. ARMED FORCES?	SOCIAL SECURITY NO.	17. INFORMANT	1 1 p	Addr Addr	2 0 %	24 2-4
_	18. CAUSE OF DEATH [E	Y		Mrs Vae	chel or, o	teng, ll	alkers	TERVAL BETWEEN
	Conditions, if ony, what gove rise to immedicate (o), stoting the unlying couse lost.	DUE TO DUE TO DUE TO DUE TO Colored DUE TO Colored DUE TO Colored	interioral	Perotic a	my and d	cular de	reare 1	5 years
CATION	PART II. OTHER SIC	SNIFICANT CONDITION	IS <u>CONTRIBUTING TO DEA</u> T	TH BUT NOT RELATED T	O THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o)	PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	PESCRIBE HOW INJURY OC	CURRED. (Enter noture	of injury in Part I or Po	rt II of item 18.)		
MEDICAL	20c. TIME OF INJURY Mo Hour o. m. p. m.	Wh		20e. PLACE OF INJURY foctory, street, office	(Home, farm, 20f. (Cit	y or town)	(County	(State)
	21. I certify that 1 alive an 10 h	the dece	1 1	death accurred a	1130A-M, fro		nd on the de	saw the deceased ate stated above. PATE SIGNED 12 June 116
_	PHYSICIAN'S NAME (Type)	MES E	STONER	Jr.				
L	REMOVAL (Specify) Burial	6/13/6/	22c. NAME OF CEME	TERY OR GREMATORY	une 228. LOCA	ation (City, town, o		(State)
23.	G, C, BAT	RTON, U	Jalkersni	ele ml	DATE JIN 1 4	104	TRAK'S SIGNATU Inthun 2 4	JRE Canada
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

DETT MAKE	ATE OF DEATH	OFFITTED	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION O TIMORE 1, MARYLAND

DE STALIS	HCAL KES	EARCH	AND K	ECOKDS		DALII
	CERT	FICA	ATE !	OF D	EA	HT4

06781

1. PLACE OF DEATH a. COUNTY Fre	ederick	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary.	/here deceased lived. If institution b. COUNTY	n: Residence before admission) Frederick
RURAL and give no	If autside corporate limits, write earest town) derick	c. LENGTH OF STAY IN 16	11	outside corporate limits, write RU	(RAL and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, give street South Market S		d. STREET ADDRESS	South Market St	e. IS RESIDENCE ON A FARM? YES \(\) NO
3. NAME OF DECEASED (Type or print)	Blanche V.	Main Mich	Last Rel	4. DATE Month OF DEATH June	
5. SEX Female	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH Oct. 10. 188	lost birthdoy)	Months Days Hours Min.
Housewife	ON (Give kind of work done 10b king life, even if retired)	None	Frederick	e or foreign country) County, Marylan	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Mada		14. MOTHER'S MAIDEN		
George A.		and the last transfer to the last transfer transfer to the last transfer transfer to the last transfer trans	Mary Smit		
(Yes, no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)			Addre Baker Frederick	
	IMMEDIATE CAUSE (o)	ronary Thromb			INTERVAL BETWEEN
Conditions, if o gove rise to i couse (o), stoting lying couse last.	ony, which (b) immediate the under-	terio-scleros	is coronary	arteries	10 years
PART II. OTH		contributing to DEATH BU		winal disease condition give	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II of item 18.)	
20c. TIME OF INJUR Haur o. m. p. m.	While		LACE OF INJURY (Home, for octory, street, office bldg., et		(County) (State
21. I certify the	ot (I) (this hospital) attended alive on <u>June</u>	ded the deceosed fram 10 19 61, and that	March 1 19 death occurred at 11		d on the date stoted above
22a. SIGNATURE	30 Jums	Q.		MED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Dr. B. O. Thoma	s. Jr.	22d. ADDRESS M. D. 228 Nor	th Market Stree	t Frederick, Md
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	ON, 23b. DATE THEREOF 6-20-1961	23c. NAME OF CEMETERY Reformed Chi		23d. LOCATION (City, town, or	
24. FUNERAT DIRECTOR	IS SIGNATURE OF	ADDRESS		C'D BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE

VR A1S (4) 15M 9/S9

TO HOSPITAL O

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N. com		2-4/674		original?	
				(4 no)	
Washington Contract.	ed wall dates for				
	111 - 121			milita es es	
Andrea					

6795 CERTIFICATE OF DEATH Reg. Dist. No. 6782 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) .6B RAYTON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR JINSTITUTION ON A FARM? KROOK F YES NO PA NAME OF Middle 4. DATE Day Month DECEASED (Type or print) MMA DEATH 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours emale DIVORCED T WIDOWED A 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWOYY onestic 13. FATHER'S NAME ofter Sco7 SORRELL move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 72 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? discosa YES NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) o. m While Not while of work of work 21. I certify that I attended the deceased fram. ____, 19____,that I last saw the deceased __, and that death occurred at 725 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ā plnods PHYSICIAN'S O HOSPITAL NAME (Type FUNER 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Year

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(Stote)

DATE SIGNED

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	W. W. St.		
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		Charles are	

TO HOSPITAL OF 17 YADING PHYSICIAN: The law requires that the death certificate be executed in 24 haurs after decided may be rebain.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

1. PLACE OF DEATH	000	CERTIFICA			00100
1. PLACE OF DEATH O. COUNTY Frederick		MARYLAND	o. STATE	Nhere deceased lived. If institution b. COUNTY	Frederick
b. CITY OR TOWN RURAL and give	(If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corporate limits, write RU	RAL and give nearest tawn)
	ral Frederick	3 Months	X Rt.	# 7 Frederick	
OR INSTITUTION	TAL (If not in hospitol, give stree # 7 Frederick		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Otho	Jackson	Mintz	DEATH June	10, 19 6
S. SEX			B. DATE OF BIRTH	last birthday)	Manths Days Hours Min.
Male	1111200	WED DIVORCED		889 71 yrs.	12, CITIZEN OF WHAT COUNTRY
during most af wo	rking life, even if retired)	b. KIND OF BUSINESS OR INDUS			U.S.A.
13. FATHER'S NAME	Self-employed p	Timper	14. MOTHER'S MAIDEN	k Co. N. Car.	0.0.1.
James A	Mints				•
		6. SOCIAL SECURITY NO. 17. IN	MELTY PARTY	a Grissett	
Conditions, if gove rise to cause (o), stating lying couse last PART II. O	immediate DUE TO (c) (c)			dent Clerose's MINAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPPERFORMED? YES NO
_	G CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury i	n Port I or Port II of item IB.)	
20g. ACCIDENT WOR CONTRIBUTIN	Y MEDICAL EXAMINER)				
200. ACCIDENT WOR CONTRIBUTIN	RY Month, Day, Year 20d. Whil	la d	ACE OF INJURY (Home, fo ctory, street, office bldg., o		(County) (Sto
20g. ACCIDENT MOR CONTRIBUTING (IF EITHER, NOTIFE HOUr o. m. m. 21. I certify the	RY Month, Day, Year 20d. Whit of wo of (I) (this hospital) after assed olive on 5-72.	Not while for ark of the deceased from	tory, street, office bldg., of 5-27	MED. STAFF DIRECTOR D	19.6/, that (I) (we) lad on the date stated above 22b. DATE SIGNE
20a. ACCIDENT MOR CONTRIBUTING (IF EITHER, NOTHER STATE OF INJU-Hour o. m p. m 21. I certify the sow the deceded as SIGNATURE 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATI	RY Month, Day, Year 20d. 19 Whit of two of (1) (this hospital) after osed olive on 5-2 RY Month, Day, Year 20d. Whit of two of two or the second of two o	nded the deceosed from 1961 ond that d	deoth occurred at 6.3 ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	19.6/, that (I) (we) lod on the date stated above 22b. DATE SIGN
20a, ACCIDENT MOOR CONTRIBUTING (IF EITHER, NOTHER MOTHER) 20c. TIME OF INJU-Hour o. m. p. m. 21. I certify the sow the deceet 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	RY Month, Day, Year 20d. Whit of the speed	Not while for ark of work of work of work of work of work of work of the deceosed from	deoth occurred at ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS. PHYS. 23d. LOCATION (City, tawn, o	d on the date stoted about 19 E/, that (I) (we) don the date stoted about 22b, DAT SIG

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4 4	. 200 . U. Co 20 1 . Co 2 .	node	in hevelope-lieb berildi
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OR STATE FAITH DEPT Page ral director. Page d for your files. Board of Health, retained he State B the the 2 with the 0 3 and es 1, 2, a Page 5 s 1 and 3 n 72 ho pages PM3. permit. with Office along w burial-transit pr removal, "pending" i caminer's Oused as a bu Examiner used ion, o should be rial, cremati Medical EXAMINER: This Tilicate, writing to the Chief No. TOR: Page 3 st should be forwarded to the PUNERAL DIRECTOR: its designated agent, prior DEPUTY esse 40 p OH 0 VS. A15ME 5M 7/59

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR W. PRESTON STREET, BALTIMORE 1, MARYLAND AND RECORDS, 301 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY A e. STATE COUNTY MARYLAND b. CITY OR TOWN (it outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) derick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE DECEASED OF (Type or print) DEATH 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. lest birthdey) Months WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Marykan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) | (If yes give we rordates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY PERFORMED? YES X NO 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2Dd. INJURY OCCURRED. 20e. PLACE OF INJURY (Horpe, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While at work & Konte 1961 et work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X Inquiry V and in my opinion

CERTIFICATION

death resulted from: Natural causes Accident X Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER

Moreland Memorial

ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE

ADDRESS

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)

Baltimore

23. FUNERAL DIRECTOR

22e. BURIAL, CREMATION, 22b. DATE THEREOF

EXAMINER'S NAME (Type)

BURIAL (Specify)

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Wm. Cook-Blight, Inc., 6009 Harford Road

DATE JUN 1 6 '61

arthur & Krous

DATE SIGNED

(Stete)

A THE WOLL A THINK TOWN String 6-17-61 Novelend Menorial College HE. Doo + Blitcht, Inc., 6909 Harferd Poud un All line and

FOR STATE HEALTH DEP TO DEPUTY IN THE CONTROLLER: This certificate should be executed within 24 hours after controllers in new please execute the controller, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of TEAM, or its designated agent, prior to burial, cremation, or removal, and in any system within 72 hours after death.

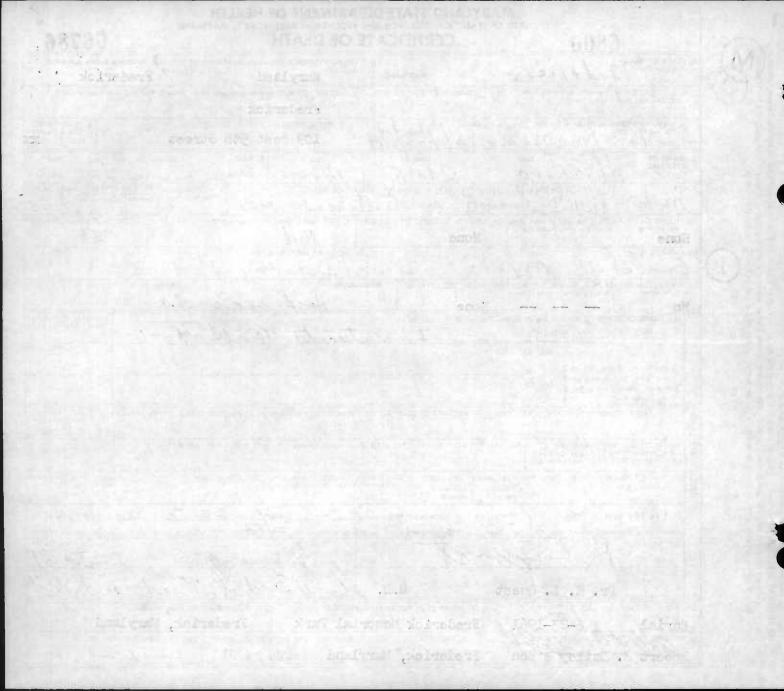
VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6799 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06785

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	idence before edmission)
Frederick MARYLAND	•. STATE Maryland b. COUNTY Fre	derick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end g	ive neerest town)
Frederick	Frederick-Rural- R.D.#6	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
D. O. A. Frederick Memorial Hospital	/ Linganore Road	ON A FARM?
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
(Type or print) WILLIAM ROBERT	MOUNT , SR. DEATH June	13, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B	DATE OF BIRTH	
Male White WIDOWED DIVORCED	February 5, 1902 Jast birthday yrs. Months De	ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT COUNTRY
Machinist Elect. Co.	West Virginia U	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edwin Mount	Nona Burns	
	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	Bertha R. Mour Same as Item #	2
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute Thromb	osis Coronary	minutes
420.0 DUE TO	obio obionary	MITHU GO
	tic Heart Disease	5 vrs.+
geve rise to immediate cause	orc heart brease	5 yrs.
(e), steting the underlying cause lest.		
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(r	
DILY		YES Y NO
	Enter neture of injury In Pert I or Pert II of item 18.)	AA III
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour s.m. While Not While fect p.m. 19 et work et work	ory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, he	old an Autopsy y, Inspection y, Inquiry y, a	and in my opinion
	ide , Homicide , Undetermined manner	,
	CHIEF MEDICAL EXAMINER	
ACTUAL BITTHERMAN	ACCISTANT MEDICAL EVANINED	DATE SIGNED
SIGNATURE /DO MOYOU	DEPUTY MEDICAL EXAMINER	
NAME (Type) B. O. Thomas, M.D.		/14/61
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF		(Stete)
Burial June 17, 1961 Mount Olivet	Cemetery Frederick, Ma	ryland
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	ATURE
M. R. Etchison & Son, Frederick, Maryl	and DATESUN 1 6 '61 willing & to	his

white market BEALL - Established Protect hitself e gospowatel Little of Lairons Not Sect . 1 .0 .1 Maidle Comment of the Stone of Selection of the selection of Jakoktonii Standing the Bendance apply and the standing the Vincolo Sincomers adunA energy display of tours Composed which C. M. derodi . C. Thomas, N. J. model Sman IV, 3961 Mount Origin Per Secretion, Secretion, Surgiana H. H. Stiller & Con. Netation, They and He will be the fellow



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06787

6801

1. PLACE OF DEATH a. COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue) o. STATE Maryland b. COUNTY Fr	dence before admission) rederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Frederick	c. CITY OR TOWN (If outside corporate limits, write RURAL of 35 Brunswick	nd give nearest town)
d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION Memorial Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	学達 510 Brunswick Street	
3. NAME OF DECEASED (Type ar print) ROY Middle	NOOS JOHN JUNE	19 6/
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	last birthday) Mont	DER 1 YEAR IF UNDER 24 HRS hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Locomotive Engineer B.&		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Noos	Rosa Bagent	
(Yes, no, or unknown) (If yes, give wor or dates of service)	7. INFORMANT Address Mrs. Laura Noos, Brunswick, Ma	ryland
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Tucanicania	ONSET AND DEATH
IMMEDIATE CAUSE (a)	THROMBOSIS	11 nous
7201 DUE TO		
Conditions, if ony, which) (b)		
gove rise to immediate cause (o), stoting the under-		
lying couse last. (c)		
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while at wark of wark	PLACE OF INJURY (Home, form, 20f. (City or tawn) factory, street, office bldg., etc.)	(County) (State
21. I certify that (1) (this hospital) attended the deceased fro	1 1720/	9.6/_, that (1) (we) last
saw the deceased alive on 6/21 196/, and the	ot death occurred at A from the couses and on	the dote stoted obove
Richard C. Reynolds,	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds	22d. ADDRESS Frederick, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		ty) (Stote)
(6-24-1961 Park Hei	ghts Brunswick, Mar	yland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

Brunswick, Maryland

DATE JUN 2 3 '61

Cirkhun S. Krous

069

DEUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, ar remavol, and in any event within 72 haurs after death.

ING PHYSICIAN: The low requires that the death certificate be executed

may be retained to TO FUNERAL DIRECTOR: TO HOSPITAL

spital or ottending physician.

VR A1S (4) 1SM 9/59

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1	1	te	ems 18-21			STATE DEPAR					18		
FOR ST			6	802	MEDICA	L EXAMIN	ER'S	CERTIFIC	ATE OF	DEATH	Reg, Dist. N	o. 06	3788
HEALTH D	JEPI.	1. 1	LACE OF DEATH					2. USUAL RESIDEN	CE (Where decease			efore adm	ission)
files. Health,	M		В	rederick		MARY			ryland	b. COUNT	Freder	100 300	
	MA	6	and give nearest tow		s, write RURAL	c. LENGTH OF STAY		c. CITY OR TOW	'N (If outside corp	orote limits, write	RURAL and give	nearest to	>wn)
yaur yaur d af	20			rederick	241 (15	Lifetime			ederick			1 15 1	
is necral directed for Boar	99	d				spitat, give street oddress al Hospital		d. STREET ADDRE	7 Flemina	g Avenue		ON	RESIDENCE A FARM?
une toin stote eath		3. 1	NAME OF DECEASED		First	Middle		Lost	4. DATE OF	Mont	h Day		Year
e e e e			Type or print)		esa	Louise		ffutt	DEATH	June	2,		1961
th t	190	5. 5	EX		ACE 7. MARR	IED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	Months Days	Hours	DER 24 HRS.
5 m 2 w			Female	White	WIDOWI		_ \	1-1957		3 yrs.			
2, of		10a.	USUAL OCCUPATI uring most of worki	ON (Give kind of wing life, even if reti	vork done 10b. red)	KIND OF BUSINESS OR	INDUSTI	RY 11. BIRTHPLACE (State or foreign co	ountry)	12. CITIZEN C	OF WHAT	COUNTRY
P. P.			None		N	one			ick, Mary	rland	U.S.	4.	
ns ages	_	13.	FATHER'S NAME					14. MOTHER'S MAID	PEN NAME				
e Po	(T)	15	WAS DECEASED EN	erome Off	ntt	SOCIAL SECURITY NO.	17 (4)	Laura	Evelyn Wo				
Giv Siv Sin Sin Siv Siv	([Yes,	no, or unknown)	(If yes, give wor or do					0.11 707	Address	A Th.		
E SE				ATM [Enter only on	e course per Mile	None for (a), (b), and (c).	174 •	Jerome Of	1466 307	rieming			
d and and				TH WAS CAUSED	BY:	ulfaca	110	a - MA	1	110	ONS	ET AND DE	ATH
o sil			929	IMMEDIATE CAUS	E TO	uppoca	2000	71 . 07	-0 00 10				
Office H-tra	~		Conditions, if		(b)	00				0			
d be			gave rise to imme (a), stating the										
ning in			cause last.	onderlyg	(c)								
nding shading Exam		CATION	PART II. OT	HER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE 1	TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERF	ORMED?
The Fical			20g. EXTERNAL CA	USE WAS	20b DESCRI	BE HOW INJURY OCCUR	RED (F	nter nature of injury is	n Part I or Part II	of item 16.1		YES X	но 🗌
Med by	2	CERTIF	200. EXTERNAL CAPRIMARY OF CO CAUSE OF DEATH	NTRIBUTING [ell in Cul				or right to.j			
The This		3	20c. TIME OF INJU	JRY Month, Day		INJURY OCCURRED 20			form, 120f. (City	or lown)	(County)		(Stote)
G The Control of the		MEDI	10:30 m	6-2-61		le Not while ork at work	facto	ry, street, office bldg. Juller lak	ce Fr	ederick	Fred		Md.
MIN ritin	10		21. I certify t	hot I took che		remoins described					Inquiry [l or	nd in my
	10					couses . Accid	9.1		, Homicide		rmined monn		,
CTOR:			Till teil		1							· L	
TRE d			ACTUAL SIGNATURE	300h	m	ace_		M.D. CHIEF MEDIC	AL EXAMINER			DATE	SIGNED
Me o o	1		PVAMMEN					ASSISTANT M	EDICAL EXAMINER				
GER des	0	-	EXAMINER'S NAME (Type)	Dr. B. O.	Thomas	, Sr.		DEPUTY MEDI	CAL EXAMINER]	June 2,	1961	L
should its		220	BURIAL, CREMATI	ON, 226. DATE TH	EREOF	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	(Stor	le)
0 4 0 p	0	-	Dumini	4-5-7	961	Mt. Olivet	Cen		Frede		aryland		
VS A15ME	Mo	23.	Soher	E'S SIGNATURE					REC'D BY REGISTR		STRAR'S SIGNATU	40	
5M 2/57	13,		Robert E.	Dailey &	Son	Frederick,	Mar	yland DAT	₹ 10N 6 ,6	·	Thur S. Kra	MA	

	Frederick	ryland	Ma		rederick	H
		ederick	FY	lifetime	rederick	1
xX		7 Fleming Avenue	30	fial Hospital	Frederick Memor	D.O.A.
19	2	June	offutt X	Louise	Teresa	
		3	1567-7-6		White	Female
	U.S.A.	ick, Maryland	Freder	None		None
		Evelyn Woodfield	Laura		julio emore	William J
ck, Md.	Ave. Frederic	futt 307 Fleming	W. Jerome Of	None		No

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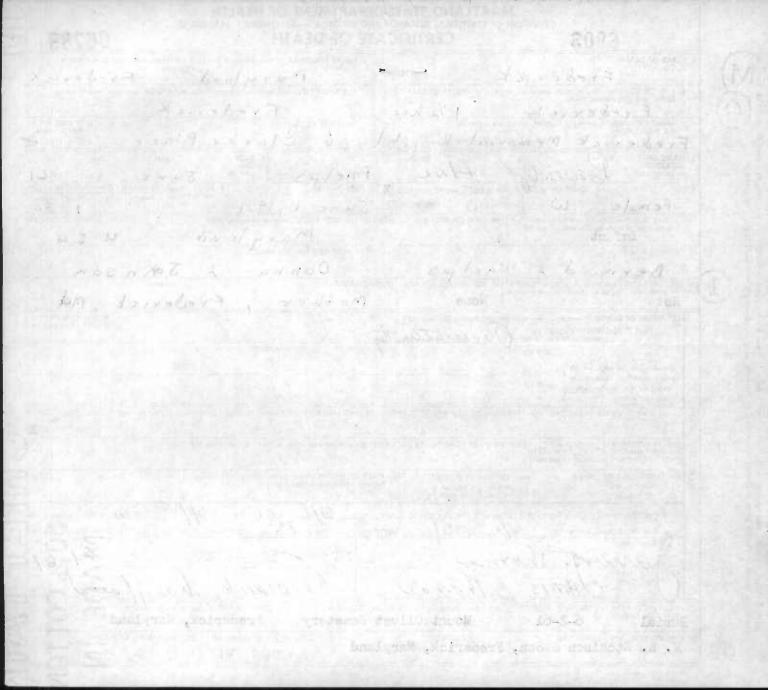
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6803 CERTIFICATE OF DEATH		 ***************************************				D/1211
CERTIFICATE OF BEAT	6803	CERTIFICA	ATE	OF	DE	ATH

06789

1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	Frederick MARYLAND	o. STATE Mary land Exederick
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Frederick 1/2 hrs.	11 Frederick
	d. NAME OF HOSPITAL (If not in haspital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	OR INSTITUTION	
=	Frederick Memorial Hospital	
3.	NAME OF DECEASED First Middle	Last 4. DATE Manth Day Year
	(Type or print) PEUERLY HAN	Phelps DEATH June 1 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
	Female W WIDOWED DIVORCED	June 1,1961 lost birthday) Months Days Haurs Min.
10	 USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired) 	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Infant	Maryland W.SB
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Dai L. A. Phalas	
12.0	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.	INFORMANT Address
	es, no, or unknown) (If yes, give war or dates of service)	
L	No None	mother, Frederick Ma.
	18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) A TRANSMITTER	1
1	1161	
	Conditions, if any, which gove rise to immediate (b)	
	cause (o), stating the under-	
	lying cause last. (c)	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
IA		PERFORMED? YES NO I
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in Part I ar Part II of item 18.)
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)
ME	Hour o. m. p. m. 19 While Not while of wark of work	
	21. I certify that (I) (this haspital) attended the deceased fram	6/1 1961 to 6/1/ 1960 that (1) (we) last
		7.07
	saw the deceased alive an	death accurred at M. M. fram the causes and an the date stated above.
	220 SIGNATURE	ATTENDING STAFF 22b. DATE SJGNED
	amusts. I homas	M.D. PHYS. DIRECTOR PHYS. D
	22C. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Н	Thmis. B. Thomas	TREDERICK, Marchaeld
23	o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, tawn, or county) (State)
1	BREMOVAL (Specify) 6-2-61 Mount Olive	
-		
24	FUNERAL DIRECTOR'S SIGNATURE & Son, Frederick, Mary	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	we are mounted a now a reduction?	DATE SIN 2 '61 Cating 8 thank

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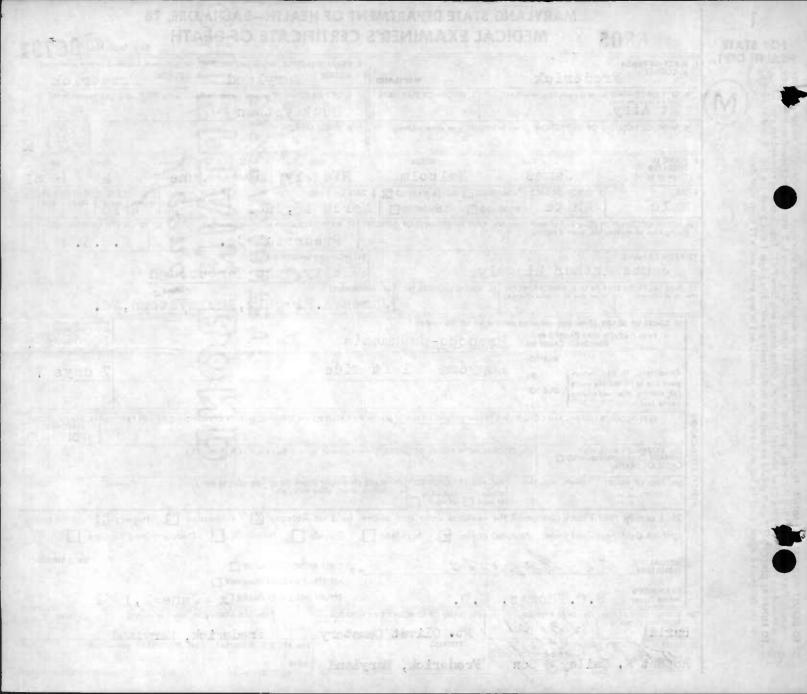
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEAT	Н	4
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			X		CERTIFI	CAT	E OF DE	ATH				U	5790	
1). Pl	LACE OF DEATH	derick		MARYL		2. USUAL RESIDE	ence (Where		ved. If instituti b. COUNTY				
	b.	CITY OR TOWN (IF RURAL and give need Point of F	outside corporate limit orest town) ROCKS	s, write	c. LENGTH OF STAY II	N 1b			side carporat	e limits, write R	URAL and	give nec	arest town)	
	d	I. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, gi	ive street o	oddress)		d. STREET AD	DRESS	2.4				e. IS RESIDEN ON A FAR/ YES NO	N3
	D	IAME OF DECEASED Type or print)	JAMES	t	Middle NELSON	1	BNFO	N	OF DEATH	Mon Ju	_	15,	y Year 196	1
)	S. SE	ale	6. COLOR OR RACE White	7. MARR	DIVORCED		15 Feb	1886	9.	AGE (In years last birthday) yrs.	Manths Manths	R 1 YEAR Days	Haurs M	HRS in.
		Plaster	N (Give kind of wark of ing life, even if retired)	lone 10b.	cind of Business or Construction		Rose	land,	Virgi			ISA	WHATCOUN	TRY'
		John Pont					Sally	_	ME					
	1S. V (Yes,		R IN U. S. ARMED FORG If yes, give war ar dates of se		Unk		ormant s. Clara	B. P.	onton	(Same		em #	#1)	
			TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Try, which mediate DUE TO		aranar Orenaz Osaneeg	y Ge	Selv Selv	ros	s arli	riseli	es 1	IN TONE	erval BETWEE SET AND DEA SUPES SUPES	ZH
	FICATION		ER SIGNIFICANT CON			TH SUT N	OT RELATED TO	THETERMIN		ONDITION GIV	VEN IN PA	RT 1(a) 1	9. WÁS AUTO PERFORMET YES NO)?
	GE		CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea	1,	RIBE HOW INJURY OC		E OF INJURY (H					(Caunty)	(S	tote
	MEDICAL	Haur a.m. p.m.	19	While at work	Nat while at wark	focto	ry, street, office	bldg., etc.)						
		saw the deceas			ed the deceased t		orn accurred	19 <u>-</u> at۸	A, fram H	e causes ar			at (I) (we) stated abo	
		22c. PHYSICIAN'S	95	n	ce	М	D. ATTENDING PHYS.		ctor 🗆	STAFF PHYS.	1	.5 Ju	226.DA	LE NEI
	22-	NAME (Type)	A. T. Bric			TERV OR			Maryl				45	
	230.	BURIAL (Specify)	23b. DATE THEREO		St. Paul					of Roc			(State)	
	24, F	M. R. Et	s signature schison & S	on, F	rederick, l	Mary.	land		BY REGISTRA		STRAR'S S			

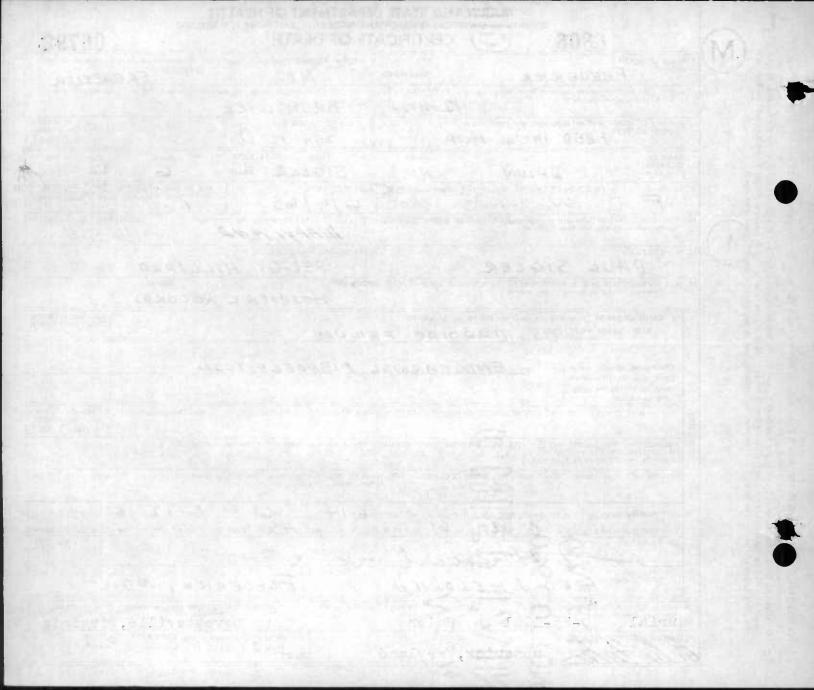


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

g € (V)	0000	00002
director filed wi	1. PLACE OF DEATH O. COUNTY FREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residue. STATE D. COUNTY B. COUNTY B. COUNTY	dence before admission)
e fil	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL on	d give negrest town)
Id be	RURAL and give nearest town) 12 mps. 35 BRUNSWICK	a give nearest towny
he f	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
690 by th	OR INSTITUTION FREO. MEM. 1401P. 204 H St.	ON A FARM? YES NO
filled in the state of the stat	3. NAME OF DECEASED (Type or print) DAWN Middle Last First Middle SIGLER 4. DATE OF DEATH G	Doy Year 22 1961
rs. Pag ofter de	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 6. 6. 19 60 9. AGE (In years last birthday) Month Month	ER 1 YEAR IF UNDER 24 HRS. s Days Haurs Min.
and components of Thours	during most of working life even if retired)	ITIZEN OF WHAT COUNTRY?
odre /	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ve co withir	PAUL SIGLER PEGGY HILLIARD	
ohys mov tr	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [If yes, give wor or dates of service]	
e se	HOSPITAL RECORDS	
eos	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
atte di ni	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC FAIL URE	ONSET AND DEATH
the The ond	7.54,4 DUE TO	
al.	Conditions, if any, which) (b) ENDO CARDIAL FIBROELASTOS H	avitable and
ned may	gave rise to immediate cause (a), stoting the under-	
	lying couse last. (c)	
ran:		ART 1(a) 19. WAS AUTOPSY PERFORMED?
as bial-t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	YES NO
ficate h the bur	20a. ACCIDENT WAS UNDERLYING CONCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
this certification is to burie	20c. TIME OF INJURY Manth, Day, Year Hour a. m. 19 While Not while at wark at work at work 19 at work 19 Not while at work 19 Not while at work 19 Not while at work 19 Not work 19 Not while at work 19 Not work	(Caunty) (State)
d fo	21. I certify that (1) (this haspital) attended the deceased fram. 6-14, 1961, to 6-22, 19	61, that (1) (we) lost
The A	saw the deceased alive an 6-22 1961, and that death occurred of 45 AM, from the causes and on the	
Hed G	22o. SIGNATURE	22b. DATE SIGNED
of l	M.D. ATTENDING MED. STAFF PHYS. M.D. PHYS. DIRECTOR PHYS.	SIGNED
AL DIS	22c. PHYSICIAN'S NAME (Type) FREO J. IFELDRICH 22d. ADDRESS FREDERICE, MI).
NER 3 s state	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or count	y) (State)
2 % =	Burial 6-25-1961 Union Levettsville	.Virginia
5	24 FUNEDAL DISCLODISCICULATURE ADDRESS 25- DECID BY DECISTRAD 25- DECISTRADIS	SIGNATURE
A1S (4) A 9/S9	Brunswick, Maryland DATE UN 2 1 61	1. / Clane
(b) To Connect the State Board - the State Board	Column C	ch, that (1) (we) the date stated obce 22b.DAT SIG



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J	TOHNWM	.Smith DIVISI	MAR'	YLAND STA	ATE DE	PARTME D RECORDS	NT OF		H				
		6807		CERTII	FICAT	E OF D	ATH				0	670	2
1. P	LACE OF DEATH	erick		MAR	YLAND	2. USUAL RESID	_	ere deceased	lived. If institut				n)
Ь	. CITY OR TOWN (If	outside corporate limit	s, write	LENGTH OF STAY	10	c. CITY OR T	OWN (If at		ote limits, write f	URAL ond			
d		AL (If nat in hospital, gi	ive street od			d. STREET A						IS RESID ON A F YES	ARM?
D	IAME OF PECEASED Type or print)	John		Middle Villiam		Smi th		4. DATE OF DEATH	Mod	nth	Doy 29	Ye	or 61
S. SI	male	6. COLOR OR RACE white		DE NEVER MARR		DATE OF BIRTH			9. AGE (In years last birthday) O yrs.	IF UNDER Months	-		Contract of the Contract of th
ma	chine op	N (Give kind of work ding life, even if retired) erator	roa	**		ion M	arvla	nd	untry)		S.	VHATCO	UNTRY?
3. F	John Cal	Lvin Smith	n			M. A		Jenn:	ings				
S. \	NAS DECEASED EVER	R IN U. S. ARMED FORG If yes, give wor or dates of se	21.7	7-10-988		ORMANT	7.7	mith.		ress	Fred	lari.	ok Ma
	PART I. DEAT 50 2. Conditions, if or gove rise to in cause (o), stating t lying couse last.	nmediate (C	rthmati n pulos	nona	de	040	myh	gena	Chio	-	T AND D	2
CATION	PART II. OTH	er significant coni		INTRIBUTING TO DE	EATH BUT N	NOT RELATED TO	THETERMIN	NAL DISEASE	CONDITION GI	VEN IN PAR		WAS AL PERFOR/ YES	MED?
Ö	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY (OCCURRED.	(Enter noture o	Finjury in P	Port I or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Y Manth, Day, Yea	While at wark	URY OCCURRED Nat while of wark		CE OF INJURY (ory, street, office			or town)	((County)		(State)
	saw the deceas	t (1) (this haspital ed alive an) attende -3-			4-3-	19 A		6 - 29. the causes as			t (I) (w stated o	
	22c. PHYSICIAN'S NAME (Type)	RexI	Mai	TAIZTIN		ATTENDING PHYS. 22d. ADDRE	S ME	ED. RECTOR [STAFF PHYS. []	zKel	4	6/2	DATE 29761
23a.	BURIAL, CREMATION REMOVAL (Specify)	7/2/196	-	23c. NAME OF CEA	AETERY OR	~ .	f Go		ION (City, town,		Md	(Stote)	
	Gladhill	s signature ompany,	Mid	dletown.	, Md.			BY REGIST	RAR 2Sb. REG	STRAR'S SI	GNATURE		

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may be retained the spital or attending physician. **D FUNERAL DIRECTOR:** If ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after de NG PHYSICIAN: The low requires that the death certificate be executed w may be retained TO FUNERAL DIRECTOR:

TO HOSPITAL OR

VR A15 (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06794

1	- COUNTY - CTATI	RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	o. COUNTY Fre Cherics MARYLAND a. STATE	nary land b. COUNTY TREIZERICK
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OR TOWN (If autside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION PROCEETICK MEMORIAL HOSP	e. IS RESIDENCE ON A FARM? YES NO
3	3. NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year OF DEATH COLORS (2019)
5	S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF WIDOWED DIVORCED	BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIR	7 5
1	13. FATHER'S NAME COOLUIN SNOOTS JU	ANITA JANET PAUNE
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service)	Address Address
	IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Part at the content of the cont	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause lost.	experience of smelinary 78 his
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
0000	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nate of CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ure of injury in Port I or Port II of item 1B.)
	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Nat while at work 19 at w	JRY (Home, farm, 20f. (City or town) (County) (State) office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased fram 6 3 as the deceased alive an 6 3 are 19 61, and that death accurate	19 61, tab 1961, that (1964) last urred at 1964, from the causes and an the date stated above.
	220. SIGNATURE Phys. M.D. ATTEN PHYS.	IDING MED. STAFF SIGNED DIRECTOR PHYS. 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) PR. P. M. Howell, JR. 22d. A	prethiel Centy - Frakening
2	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOL	RY 23d. LOCATION (City, town, or county) (Slote)
2	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAUSSANDA	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEJUN 9 '61 Cultum S. Thank

18.083 DESCRIPTION OF THE PARTY OF THE ASSESSMENT TO A

Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremotian, or removal, and in any event, within 72 hours after death. G PHYSICIAN: The law requires that the death certificate be executed w

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 6809

06795

1. PLACE OF DEATH o. COUNTY	derick		MARYLAN	o. STAT	Maryla	nd	d lived. If instituti b. COUNTY	Fr	ederi	Lok	
RURAL ond give ne	f outside corporate limit arest town) derick	ts, write c.	Lifetime	lb c. CITY	or town (if o		rote limits, write F	URAL ond	give near	rest town))
d. NAME OF HOSPIT	AL (If not in hospitol, g		ress)	d. STRE	506 No	rth M	arket St		•		DENCE FARM? NO 20
3. NAME OF DECEASED (Type or print)	Fire		Middle	Strasber	Last	4. DATE OF DEATH	Jun	a 11.	Day		eor 9 61
S. SEX			NEVER MARRIED	8. DATE OF		1879	9. AGE (In years lost birthdoy) 81 yrs.		R 1 YEAR Days		
Joe. USUAL OCCUPATION during most of work Seamstres 3. FATHER'S NAME	ON (Give kind of work of ing life, even if retired)	No		NDUSTRY 11. 8IR		or foreign co			S.A	WHAT CO	OUNTRY
IS. WAS DECEASED EVE	Strasberger R IN U. S. ARMED FOR If yes, give war or dates of so	CES? 16. SOC ervice) 220		7. INFORMANT			Add		deri	ok.	Md.
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	the under-	. 4	Interio TRIBUTING TO DEATH			NAL DISEASI	E CONDITION GI	VEN IN PAI	06	P. WAS A PERFOI	J.
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yea	20d. INJU While	RY OCCURRED 20e Not while of work	PLACE OF INJU		, 20f. (City	No-Sign	((County)		(Stote
	ed alive an fr	ue .	the deceased fro 19 6 /, and the	M.D. ATTEN	IDING DI	M, frame		nd an th	e date	22b	abave DATE SIGNED 2, 1
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	0-14-196)F 2:	Mt. Olivet		ry .	Fred	TION (City, town, erick, M	aryla	nd	(Stote	e)
24. FUNERAL DIRECTOR Robert E.	- July	on on	ADDRESS Frederick	Maryla		D BY REGIST	RAR 2Sb. REG	STRAR'S SI			

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TO HOSPITAL Geath. Page 4 in-7 of Palained by the hospital or attending physician. Geath. Page 4 in-7 of Plained by the hospital or attending physician and completely filled in by the funeral page 5. To PUNERAL DIRECTOR: After this certificate has been signed be attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be get before the please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit or removal, and in any event, within 72 hours after death.

MARVIAND CTATE DEDARTMENT OF HEALTH

MAKTLA	AND STATE DEPAR	TIMENT OF REAL	in
DIVISION OF STATISTICAL RESEARC	H AND RECORDS, 301	W. PRESTON STREE	T, BALTIMORE 1, MARYLAND
6810	CERTIFICATE O	F DEATH	06796

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Rasidenca before admission)
* Frederick Maryland	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 11 24 Yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
112 West Fifth Street	112 West Fifth Street YES NO KK
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) MARY LOUISE	TALBERT DEATH June 17, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED	14 June 1908 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 53 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if religion)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House-work At Home	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin L. Clem	Mary E. Wills
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address
(Yes, no, or unkown) (Ifyesgive war or dates of service) 219-05-0901 F	ernando Talbert (Same as item #1)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH,
PART I. DEATH WAS CAUSED BY: 1 CORON BRY	THROMBOSIS 10 minutes
S DUE TO	
Conditions, if any, which > (b) Hypertensive A	rteriosclerolic Heart Disease loyears
geve rise to immediate cause	
(a), stating the underlying causa last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 208. ACCIDENT WAS UNDERLYING 208. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 14
Underlying 20b. DESCRIBE HOW INJURY OCCU	RED. (Enter nature of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that (1) (this hospital) attended the deceased fro saw the deceased alive on	hat death occured at PM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE
Kuhand C. Reynolds	M.D. ATTENDING MED. PHYS. 19 June 1961
22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, M. D.	9 E. Church St., Frederick, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE BUT11 (Specify) 6-20-61 Mount Hope	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Frederick, Mar	yland DATE JUN 20'61 arthur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH
ION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	CERTIFIC	ATE	OF D	EATH

DEATH	0679	P
ESIDENCE (Where deceased lived.	If institution: Residuace Haffire addission	

1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Resident the property of the county by County Random Cou					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			b c. CITY OR TOWN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Sabillasville 50 days			Hage:	rstown		2103	-1		
	TAL (If not in haspital, g	jive street add	dress)	d. STREET ADDRES				e. IS RES	FARM?
	len State H	ospita	1	14 E Hill	crest Ro	ad			NO 🔀
NAME OF DECEASED	Fir		Middle	Last	4. DATE	Mor	ith	Day	Veor
(Type or print)	Edg	ar	Allen	Thomas	OF DEATH	Ju	ne	19	1961
i. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		YEAR IF UND	7
Male	White	WIDOWED			The Libert I	last birthday) 80 yrs.	Months	Days Hours	Min.
a. USUAL OCCUPATIO	ON (Give kind of work	done 10b. KII	ND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State or foreign c	country)	12. CITIZ	EN OF WHAT	OUNTRY
Office 1	king life, even if retired)	Accountant	Rohrers	ville, M	d.		U.S.	
3. FATHER'S NAME	HOZ AL		necountano	14. MOTHER'S MAID		4.		•	
Tohn A	aron Thomas	TART		Hennel	h West Y	CONTRACT OF THE PROPERTY OF TH			
	ER IN U. S. ARMED FOR		CIAL SECURITY NO. TI	7. INFORMANT	nest 1		ress		
Yes, no, or unknown)	(If yes, give war or dates of s	service)						77	
No		21	4-09-2303A	Victor Cul	Ien Stat	e nospit	al, Gu	Tien, M	a.
	ATH [Enter only one co							ONSET AND	
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) P	ulmonary tu	berculosis	002				
1000	DUE TO	,							
Canditions, if a	ony, which) (b	,						29 yes	rs
gave rise to i	immediate Dur To								
couse (a), stoting lying couse lost.	The Under-								
PART II. OT			NTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	/EN IN PART	1(a) 19. WAS	AUTOPS'
			sclerosis					PERFC	RMED?
			DCTGT OPTP					163	NO E
20g ACCIDENT W	AS LINDERLYING T	20h DESCRI	BE HOW INTURY OCCU	RRED (Enter nature of injur	v in Part I or Por	t II of item 18.)			NO 5
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCU	IRRED. (Enter noture of injur	ry in Part I or Por	t II of item 18.)			NO 🛐
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye	ar 20d. INJL	URY OCCURRED 20e	. PLACE OF INJURY (Home,	form, 20f. (City		(Cc	ounty)	NO 5
20c. TIME OF INJUI	G CAUSE OF DEATH MEDICAL EXAMINER)	ar 20d. INJL While			form, 20f. (City		(Ca	ounty)	
20c. TIME OF INJUI Hour o. m. p. m.	G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye 19	ar 20d. INJU While ot wark [URY OCCURRED 20e Nat while of wark	PLACE OF INJURY (Home, foctory, street, office bldg.	farm, 20f. (City	y or town)			(Stot
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye 19 of (1) (this hospito	ar 20d. INJU While of wark [URY OCCURRED 20e Not while of work d the deceosed fro	PLACE OF INJURY (Home, foctory, street, office bldg.	farm, 20f. (City., etc.)	y or town)	, 19_6	1 that (1) ((Stot
20c. TIME OF INJUE Hour o. m. p. m. 21. I certify the sow the decea	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye 19 of (1) (this hospito	ar 20d. INJU While of wark [URY OCCURRED 20e Not while of work d the deceosed fro	PLACE OF INJURY (Home, foctory, street, office bldg.	farm, 20f. (City., etc.)	y or town)	, 19_6	1 that (1) ((Stote
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye 19 of (1) (this hospito	ar 20d. INJL While of wark [URY OCCURRED 20e Not while of work d the deceosed fro	PLACE OF INJURY (Home, foctory, street, office bldg.	farm, 20f. (City., etc.)	the causes an	, 19_6	1 that (1) ((Stot
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the sow the deced 22p. SJONATURE,	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Day, Ye 19 of (1) (this hospito	ar 20d. INJL While of wark [URY OCCURRED 20e Nat while of wark deceased fro 1961, and the	PLACE OF INJURY (Home, foctory, street, office bldg.	farm, 20f. (City, etc.) 20f. (City	y or town) 6-19- the causes an	, 19_6	1 that (1) ((Stot we) la l obove b.DATE SIGNE
20c. TIME OF INJUING Hour o. m. p. m. 21. I certify the sow the deced 22p. SIGNATURE,	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye 19 ot (1) (this hospitol used alive an	ar 20d. INJL While of wark [URY OCCURRED 20e Nat while of wark deceased fro 1961, and the	PLACE OF INJURY (Home, foctory, street, office bldg, om. 5-1-at death accurred at M.D. ATTENDING HYS.	farm, 20f. (City, etc.)	the causes ar	, 19_ 6 nd an the	1 that (I) (dote stated	(Stol
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the sow the deced 22c. SIGNATURE, 22c. PHYSICIAN'S NAME (Type)	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye 19 of (1) (this hospitol ised alive an 6 Michael G.	ar 20d. INJU While of wark [1] attended	URY OCCURRED 20e Nat while of wark deceased fro 1961, and the	PLACE OF INJURY (Home, foctory, street, office bldg. om. 5-1- at death accurred at ATTENDING PHYS. 22d. ADDRESS Victor	farm, 20f. (City, etc.) 20f	the couses or	, 19_6 and an the	1 that (1) (dote stated 22 6-19 1, Gull	(Stol
20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the sow the deced 22c. SIGNATURE, 22c. PHYSICIAN'S NAME (Type)	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye 19 of (1) (this hospitol ised alive an	ar 20d. INJU While of wark [] attended	URY OCCURRED Nat white of wark d the deceosed fro 19.61, and the	p. PLACE OF INJURY (Home, foctory, street, office bldg. m. 5-1- at death accurred at M.D. ATTENDING PHYS. 22d. ADDRESS Victory OR CREMATORY	farm, 20f. (City, etc.) 20f. (City) 161 . to	the causes ar	, 19_6 and an the	1 that (I) (dote stated	(Stote (S

TO HOSPITAL ON IN INDING PHYSICIAN: The law requires that the death certificate be executed to 24 haurs after the Page 4 may be retained the principle of the physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filedwith the State Baard of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

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district despetation	el artiul would		L. Aladai L.
	Andrew Control		

A		C
1	1. PLACE OF DEATH	0.0

CERTIFICATE OF DEATH 010

8016			Keg. Di	ST. NOU O D O O
1. PLACE OF DEATH O. CHINE derick	MARYLAND	2. USUAL RESIDENCE (Where deceo		rce before admission) ederick
b. CITY OR TOWN (If outside corporate line RUHAL pod sive near town) eric	ck c. LENGTH OF STAY IN 16	X Rural, New	porate limits, write RURAL and Design Ad, F	give nearest town) rederick
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION New Des.	give street address)_ ign Rd, Frederic	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print) Clars	First Middle Mae-Elle	n Weedon dear	0	Day Year 6 1961
5. SEX 6. COLOR OR RACK Female negro	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 4-4-1880	9. AGE (In years IF UNDER Months yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of working life even if retire	k done 10b. KIND OF BUSINESS OR INDed)	ustry 11. BIRTHPLACE (State or foreign Maryland	country) 12. CIT	U.S.A.
13. FATHER'S NAME George Nicholas		14. MOTHER'S MAIDEN NAME Caroline A	nderson	
15. WAS DECEASED EVER IN U. S. ARMED FO		Rachel Bowins	Rt 2 Frede	erick Md
gove rise to immediate couse (a), stating the under-lying couse lost.	(b) Corebral to	emorrhage arterio-se	Corusas	ONSET AND DEATH
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	H	IT NOT RELATED TO THE TERMINAL DISEA		PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour o. m. 19	Yeor 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, farm, 20f. (Coctory, street, office bldg., etc.)	ty or fown) (4	County) (Stote)
21. I certify that I attended the alive an years 5 ACTUAL SIGNATURE Bernard 0.	d O. Humas		n the causes and on the (Street, city or town/state)	ast saw the deceased e date stated abave. DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THER	22c. NAME OF CEMETERY Sunnyside	OR CREMATORY 22d. LOC	ATION (City, town, or county) Cederick Co,	Ma (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE C.E. HICKS, 111	Frederick M	d 24a. REC'D BY REGI		

may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. NDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL VS A15 (4) 1SM 9/5B

